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House of Representatives

The House was not in session today. Its next meeting will be held on Monday, April 16, 2007, at 2 p.m.

Senate

TUESDAY, APRIL 10, 2007

The Senate met at 10 a.m., and was called to order by the Honorable MARY LANDRIEU, a Senator from the State of Louisiana.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Lord of life, rescue us from the faults to which we are prone. Keep us from saying one thing and doing another; from criticizing others for what we allow in ourselves. Keep us from demanding standards from others which we ourselves make no effort to fulfill.

Lord, keep us from the indecision that cannot say yes or no. Keep us from the reluctance to break habits which we know are wrong. Keep our Senators today from trying to please both others and You. Keep them from anything that prevents them from giving all their loyalty, allegiance, and heart to You.

Lord, give them Your grace, mercy, and peace. We pray in Your powerful Name.

Amen.

PLEDGE OF ALLEGIANCE

The Honorable MARY LANDRIEU led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable MARY LANDRIEU, a Senator from the State of Louisiana, to perform the duties of the Chair.

ROBERT C. BYRD,
President Pro tempore.

Ms. LANDRIEU thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

IRAQ FUNDING AND STEM CELL LEGISLATION

Mr. MCCONNELL. Madam President, I too wish to welcome everyone back. It had been my hope that the House of Representatives would have appointed conferees on the supplemental appropriations bill for the troops before their departure. I think it is extremely important we finish that bill and get it down to the President for the veto we believe is forthcoming over the language with regard to the troops, the language which, in effect, dictates a withdrawal date and also the excessive spending that is also a part of that

The Senate will debate concurrently the two stem cell bills. Under an order entered prior to the Easter recess, debate on the two bills is for a period up to 20 hours. I anticipate we will enter an order to provide for designated segments of time to be utilized for those who support and oppose the measures. As previously announced, there will be no rollcall votes today. Both the distinguished Republican leader and I have scheduled our work caucuses for tomorrow rather than today, when they normally take place.

Madam President, I have a speech that I am going to give today. I didn't alert the distinguished Republican leader that I was going to give that, so I yield to him, if he has anything he would like to say.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The minority leader is recognized.

SCHEDULE

Mr. REID. First, Madam President, I would like to welcome everyone back here in the Chamber. We have had a week break, and we are king of the hill because the House is out this week, so we don't have to compete with them.

This morning there will be a 60-minute period of morning business, with Republicans controlling the first 30 minutes and the majority controlling the final 30 minutes.

Following morning business, the Senate will debate concurrently the two stem cell bills. Under an order entered prior to the Easter recess, debate on

• This “bullet” symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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The Joint Chiefs of Staff sent a letter to me, week before last, indicating that if we push this into late April, it creates a lot of problems for the troops. So my hope is that we can get through this process in a way that involves our differences and gets the money for the troops at the earliest possible time.

As the majority leader has indicated, we will be going forward with the stem cell bill. There is an alternative proposal by Senator COLEMAN and Senator ISAKSON that we think solves some of the ethical concerns and which will be considered by the Senate. Both will be subjected to the 60-vote threshold, and it is my hope the Coleman-Isakson bill, which could be signed by the President and will actually make a difference, will make it through the legislative process and down to the President for his signature.

Madam President, I yield the floor. Mr. REID. Madam President, before I go to my formal remarks I have prepared, as I indicated, I have had extensive conversations during the past week with Chairman OBEY, chairman of the Appropriations Committee, and I think we have made progress as to where we need to go in order to do this as soon as possible. There is some controversy over the time limit. We know the President has indicated he needs the money right away, but even last year, when the Republicans were in charge, we finished the supplemental bill in June and there were no complaints at that time.

We have had a statement from the Congressional Research Service that the money will last until sometime in July. Even the Pentagon itself has indicated the money will last until around the first part of June. So we are going to do the very best we can to complete this as quickly as possible. We know it is important, and we will move forward as expeditiously as possible.

During this week, since the House is not here, I intend to continue my dialogue with Chairman OBEY. I have not spoken to the Speaker today, but I have a meeting with her later at 5 o'clock, and so we will move forward, and I appreciate the remarks of the Republican leader.

OPENING OF THE THIRD WORK PERIOD

Mr. REID. Madam President, throughout the world, Easter has been celebrated. This was done on Sunday. On that joyous day, Pope Benedict spoke of the human condition with a very heavy heart, and I quote: "How many wounds—how much suffering is in the world. Nothing positive comes from Iraq, torn apart by continual slaughter as the civilian population flees."

As we open the third work period this year, Pope Benedict's words weigh on my mind. I hope we will honor them as we continue to work in a bipartisan manner to address that suffering by moving America in a new direction at home and abroad.

That was the promise we made to the American people when the 110th Congress opened 3 months ago; not a promise we made only to create a new Democratic and Republican majority. Although we have only completed the first two work periods of the session, we have made considerable progress.

When we began in January, we knew one goal had to be changing the way Washington works. Since our first order of business was passing the toughest lobbying ethics reform legislation in our Nation's history. We were guided through that by the chairman of our Rules Committee, Senator FINKELSTEIN.

Next, with the skill of Senators KENNEDY and BAUCUS, we voted to give working Americans a much deserved and long overdue raise by finally increasing the minimum wage.

After the minimum wage, we addressed the fiscal mess left by the last Congress and passed a continuing resolution on a bipartisan basis, then enacted tough spending limits and limited earmarks for this fiscal year.

We then turned to keeping our country safe by finally passing the recommendations set forth by the 9/11 Commission, recommendations that came many years ago. This legislation was led by Senator LIERMAN, as he skillfully led us on this long overdue legislation.

Next, we passed, under the guidance of our brilliant chairman, KENT CONRAN, a balanced budget that put American families first by cutting taxes for working people, increasing investment for education, veterans, health care, and implementing the same pay-as-you-go rules that every American family must follow.

While addressing these crucial priorities here at home—ethics reform, minimum wage, homeland security, a return to fiscal responsibility, and a balanced budget for working families—we have also continued to seek a new direction for the war in Iraq at every opportunity, as the American people called for us to do last November. That is why we passed—with Senator BYRD and Senator MURRAY—last week an emergency supplemental appropriations bill that fully funded our troops while also setting forth a new course in Iraq.

The President has put our troops in the middle of a civil war. That was never supposed to be their mission. Every day the price we pay grows worse—soon to be 3,000 American lives lost, tens of thousands more wounded, and according to the Massachusetts Institute of Technology, 600,000 Iraqis have been killed. Our American Treasury has been debased by about a $1 trillion because of this war. Yet there is still no sign in sight for our troops or our taxpayers.

Let me be clear. Democrats are committed to giving our troops the funds they need. The supplemental appropriations bill that we are trying to send to President Bush will provide every dollar the commander has requested and it will further go by providing funding to address the unacceptable conditions at Walter Reed and other military health care facilities the President's budget left out.

Democrats are united in our commitment to fully funding our troops on the ground in Iraq and here at home, but we are also committed to providing our troops a strategy that can win in Iraq, which President Bush has failed to do from the very start of this war more than 4 years ago.

Virtually all experts, military and civilian, agree the war cannot be won militarily. Success can only come when all the political leaders in Iraq reach a settlement. Even General Petraeus, who is our commander on the ground there, said that only 20 percent of the war can be won militarily. It can be won through politics, diplomatically, and economically. Eighty percent of the war must be conducted through economics, through politics, and through diplomacy.

Pope Benedict, the spiritual leader of more than a billion people, said on Easter Sunday, and again I quote: "Nothing positive comes from Iraq." Torn apart by continual slaughter as the civilian population flees.

That is why we are telling the President he needs to make good on his promise to get the Iraqi people to meet the benchmarks they set for themselves but have never followed through on. After 4 years, it is long past time for Iraq to take responsibility for its own failures and its own future. American troops are putting their lives at risk every single day, but Iraqi leaders are not willing to take the political risk of governing their own country. That must change. That is why Congress is demanding that is what the American people, by a large majority, demand. The President should be leading us in that direction, not threatening to veto funding for our troops unless we rubberstamp his flawed plan.

Over the next 2 weeks the President has an opportunity to work with Congress to let his views be heard on how to improve this bill. Speaker PELOSI and I invited him last month to sit down and work with us to develop a strategy together. He remains ready to do that. But this will require a commitment by the President to move beyond the political theater and take a seat at the table of negotiation, of compromise, of direction change.

Recall the Pope's Easter message: "Nothing positive comes from Iraq." While we continue to press the President and his supporters in Congress to chart a new course in Iraq, we will demand the President of issues crucial to the American people—expanding Federal funding for stem cell research, lowering Medicare prescription drug costs, delivering a new national energy...
This week, we will focus the Senate’s attention on S. 5, the Stem Cell Research Enhancement Act. We will be led by Senators Harkin, Kennedy, and Fein斯坦. Democrats and Republicans joined together last year to pass legislation that would have made stem cell lines more available to scientists, while at the same time strictly regulating how they could be used. This legislation gives hope to millions of Americans. The actions of the Senate and House gave hope to as many as 100 million Americans and tens of thousands of Nevadans who suffer from cancer, diabetes, Alzheimer’s, Parkinson’s, spinal cord injuries, heart disease, and Lou Gehrig’s disease. Sadly, President Bush vetoed that bipartisan bill, and as a result we must take on this urgent cause again. This week, we will debate the Stem Cell Research Enhancement Act and will make it become law.

Following debate on the stem cell bill, we will turn our attention to reducing drug costs for senior citizens. The flaws in the Medicare drug program are well documented, but many of us voted back in 2003 on a simple fact: The current law puts drug companies and insurance companies ahead of seniors. Regardless of whether we supported or opposed the law that created the Medicare drug benefit, all of us wanted to make the program work better for seniors and people with disabilities, and right now they are paying too much because the Federal Government is unable to negotiate lower priced drugs. S. 3, the Medicare Prescription Drug Price Negotiation Act of 1967, will fix that injustice by making it easier for the most vulnerable in our society to afford the medicine they need.

We are being told by the minority that they are not going to allow a provision to be changed in the law which says Medicare can negotiate for lower price drugs. Why? I guess they and the President believe that HMOs and insurance companies and all these managed care entities deserve to have an advantage over Medicare. It is unfair.

Medicare should be able to negotiate for lower prices and, in effect, compete with these money-hungry HMOs and insurance companies.

Next we have to energy legislation that will improve our national security and protect our environment. For the past several weeks, gas prices have risen dramatically. Last week, they rose 11 cents—in 1 week. The average price I heard in this morning’s news is about $2.90 a gallon. In places in California, it is approaching $4 a gallon for gasoline. One reason for this spike is the fear premium caused partially by the administration’s inapt foreign policy. Another reason is the empty-handed promise of the administration’s shortsighted energy policy. President Bush’s budget choices have robbed the Treasury of the funds we need to invest in a better, more sustainable energy policy, and his friends in the oil and energy industry have failed to fill the void by investing in alternatives to oil.

I am hopeful in the coming weeks the Senate will consider legislation that puts America back on track toward increased production and use of renewable fuels, renewable electricity, and energy-efficient products, buildings, and vehicles. This will improve our energy security and reduce the risk of global warming.

After energy policy, we will focus on the challenge of comprehensive immigration reform. We all agree America’s immigration system is broken; our borders remain unsecured. Our laws remain underenforced. Eleven or twelve million undocumented immigrants continue to live in the shadows. Last year, the Senate passed bipartisan immigration reform that would have fixed our broken borders. Unfortunately, the legislation fell victim to partisan politics in the House and to inaction by the President. We must redress the issue—again. We will start with a bill that takes a tough and smart approach to fixing the borders, cracking down on enforcement, and laying out a path to earned legal status for undocumented immigrants already here and contributing to our society.

In January, we promised the American people a new era of open, honest Government. We promised a new direction that will put families and working people, college students and senior citizens first. We also promised a new course in Iraq that honors the service of our men and women in uniform. Heaven knows we have tried, but the President is charging forward with the same mindless strategy in Iraq that the Pope calls immoral. Defined in the dictionary, slaughter is to kill in a bloody and violent manner and in large numbers. This slaughter must end. For the sake of humanity and our country, it should be no more.

In these first few months, we have made progress. As we begin our third work period, there is much left to be done, but I am confident that with a continued commitment to bipartisanship, we will rise to the challenges ahead and answer the call for renewal of the American dream.

It would be wrong for me not to end by saying we have had the cooperation, most of the time, from the minority. It has been most helpful. We could not have passed these bills without the help of the Republicans. I have a warm, cordial relationship with my counterpart, Senator McCaIN. He is easy to work with. We have had some procedural bumps in the road, but we have worked through those, and as a result of this we have been able to accomplish some good things.

I apologize to my colleagues for taking the time I did, but I ask that there will be a full hour for morning business—is that true?

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. REID. I thank the Chair.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business, not to exceed 60 minutes, with Senator Reid limited to speak for up to 10 minutes each, the first 30 minutes under the control of the Republicans and the second 30 minutes under the control of the majority.

The Senator from Wyoming.

IRAQ

Mr. THOMAS. Madam President, I will take my 10 minutes this morning. I wanted to speak a little bit about the Iraq supplemental bill which is really the issue that is pending. We are not going to be able to get to it today, but nevertheless it is the pending unfinished business.

Despite what the majority leader has indicated, it is too bad we have not been able to move this forward. The Senate went on Easter recess, of course. The majority stressed the importance of completing the bill before the end of March and getting it to the President without delay. Democrats in the Senate, of course, have blocked votes on the amendment to supplement the part that we could have—where they indicated they would speed up the process. Regrettably, we are now on the 64th day since the President submitted his request to Congress, and we have still not sent up a bill.

To make matters worse, we don’t even have a conference committee in place to work out the differences between the bill that has been passed in the Senate and the bill that has been passed in the House. The Senate is ready for a conference for this bill. The committee of the conference has been announced, and they are prepared to get this work done. On the other hand, the House of Representatives is on recess and no House conferences. So we are still held up, and will be, on the bill that is really important and needs to be moved. While our troops at home and overseas are facing funding uncertainties, the Democratic House leadership is taking a couple of weeks off. That makes it very difficult.

We talked about what we are going to accomplish. It is interesting to accomplish it in the Senate, but it has to go through the House and the Senator and then to the President to have the impact the bill is supposed to have. The Speaker of the House should call the Members back to Washington to complete the supplemental bill and get it to the President by the end of the week. I would like to associate myself with the letter that was sent to the Speaker of the House asking her to call the body back to Washington.

It is important to remind people that our troops did not take the week off.
Our military leaders are in the best position to know the needs of our troops. They have let no doubt that the funding is urgent and needed without strings and pork.

Last week, my staff met with General Mattis and General Lehnert of the U.S. Marine Corps, Camp Pendleton. For those of you who do not know General Mattis, he is a straight-shooter, my kind of marine. He offered a grim assessment of the barracks the marines will be returning home to. His report concluded that conditions are unacceptable for the marines and sailors who have just returned from the combat environment. Repairs and maintenance are needed. The service is ready to act. Unfortunately, the first items that will be cut when funding begins to dry up will be this maintenance. So, even though certainly we will have to get money to the troops, this delay will have an impact on the troops who are returning. More and more marines and their families will be seeking counseling, and there will be cuts in the counseling programs that are available for our returning service people. These programs may not be available if we do not move forward. Of course, as I said, it has been 64 days since the start of this issue. Certainly we need to take care of our marines’ mental health and see to it that they are not living in dilapidated barracks and we are going to have to work hard to get this done. It is very simple. We can do that.

Over the Easter break, I joined with others welcoming home the Wyoming Army National Guard’s 2nd Battalion, 300th Field Artillery Unit. Let me tell you, to get these troops back home was one of the great events I have seen in a very long time. Like those who came home before them, I am so proud of their service and their sacrifices. Given the lack of passage of the supplemental that was submitted to Congress 64 days ago, I am not sure their return would have been possible. It had been scheduled for a few months from now.

Our first and only priority should be the funding to our troops in the field. Unfortunately, the emergency legislation is larded up with pork and extraneous measures. Not only does the legislation attempt to tie the President’s hands by micromanaging, but the majority is trying to push through pet projects at the expense of funding our troops.

When the House does return and finally appoints conference, I hope this Congress does the responsible thing and sends the President a clean bill. Our troops deserve that the Congress give them the funding they need to succeed.

I yield the floor.

The ACTING PRESIDENT pro tem, The Senator from Utah.

THE ECONOMY AND SYRIA

Mr. BENNETT, Madam President, during the week we were back in our home States getting acquainted with our constituents, there was more good news on the economy. I had expected to spend my 10 minutes here talking about the economy. I will do that briefly, but I intend to move to another issue which came out during the week of recess which I think deserves comment.

The news came out about the number of new jobs created in the month of March and a revision upward of the number of new jobs created in February. Without going through the details, which will still be equitable, this news really means with respect to the recovery as a whole.

Ever since the economy started its recovery after the recession that began in mid-2008, we have created, now, more than 150,000 new jobs every month; every month, 150,000 new jobs over a period of more than 40 months. That sounds impressive, but let’s go behind the figures and look at what is really happening in the economy to understand whether it needs to be reinforced.

Oversimplifying but taking a number that describes what is happening, every month approximately 900,000 Americans lose their jobs. Their company goes out of business, the company cuts back on things, some people lose their jobs and the job is not replaced—whatever it may be, every month roughly 900,000 jobs disappear.

In order for us to be able to say accurately that we have created more than 150,000 every month, that means the number of new jobs created every month is not 150,000, it is 1,050,000, to produce a net of 150,000. To produce 1,050,000 new jobs every month for over 41 months—which is the record for over 41 months—which is the record of this economy and this recovery—is pretty extraordinary. Frankly, it is unusual. We take it for granted in America because it happens in our dynamic economy almost automatically. If you go to other economies in the world, you find that this does not happen. Unemployment is high, is stagnant, is continual.

I was in Europe a month or so ago, and picking up an international paper, it said: The German economy is coming back. Unemployment is now down. And then there was another headline that said: The American economy is fairly stagnant; unemployment is stable.

We found, during the break, unemployment hit 4.4 percent. It is as low as it was at the end of the last economic boom. The Germans are excited that their unemployment record was now out of double digits, getting down into the 9, maybe even 8 percent level. That is exciting for them.

The American economy is doing well and does not get the credit it deserves. Perhaps it is the political atmosphere in which we operate, but we keep hearing this described as the Rodney Dangerfield recovery.

It is strong. It is powerful. It is creating new jobs. But if you listen to some, it is in a state of constant disaster. The figures that came out during the break made it clear: The economy is not in a state of constant disaster; the economy is still strong.

However, there was something else that came out during the break which I think deserves some comment. I turn for my text in this matter to a source that is generally being particularly friendly to Republicans, I am talking about the Washington Post editorial page.

I was a little stunned, out in Utah dealing with my constituents and getting acquainted with some real people who have different kinds of priorities than those we normally have here in Washington, to read about Speaker Pelosi’s venture into the Middle East. I picked up, via the Internet, an e-mail, a copy of the editorial that ran in the Washington Post.

I think it deserves some review. It is entitled: “Pratfall in Damascus,” and the subhead is: “NANCY PELOSI’s foolish shuttle diplomacy.” The opening paragraph begins this way: House Speaker Pelosi recently offered a demonstration yesterday of why Members of Congress should not attempt to supplant the Secretary of State when traveling abroad.

I have traveled abroad. Madam President, as have you. I went abroad when Bill Clinton was the President of the United States, and I traveled with Phil Gramm of Texas. I do not think anybody has ever accused Phil Gramm of Texas of being particularly fond of Bill Clinton. Every country we went to where Senator Gramm was leading the delegation, the first place we went was to the Embassy. Senator Gramm said over and over again to these ambassadors, every one of whom had been appointed by President Clinton: We are here to help you, Mr. Ambassador, or Madam Ambassador. Tell us what we can do in this country where you are representing the United States that can be of value to you. How can a congressional delegation of varying sizes—usually fairly large—be supportive of the work you are doing in this country?

Then when we met with leaders of the country, whether it would be the chief of government or the chief of state, sometimes both, or lower level officials, we always had in mind what we could say and do to support the Clinton State Department’s position as represented by the Clinton Ambassadors.

I have traveled with the majority leader, Senator HARRY REID. We have gone to various places in Europe and in South America. In every instance, Senator Reid went out of his way to make contact with the U.S. Ambassador appointed by this country. We went to where Senator Gramm was leading the delegation, the first place we went was to the Embassy. Senator Gramm said over and over again to these ambassadors, every one of whom had been appointed by President Clinton: We are here to help you, Mr. Ambassador, or Madam Ambassador. Tell us what we can do in this country where you are representing the United States that can be of value to you. How can a congressional delegation of varying sizes—usually fairly large—be supportive of the work you are doing in this country?

In contrast that behavior by Republicans traveling abroad, behavior by Democrats traveling abroad, with the kind of behavior we saw from Speaker
PELOSI. I go back to the Washington Post editorial. I must read in its entirety the final paragraph, because it lays it out far better than I can.

The paragraph refers to a statement by Nancy Pelosi:

We came in friendship, hope and determined that the road to Damascus is a road to peace.

Then the editorial says, and I quote:

Never mind that that statement is ludicrous. As any diplomat with knowledge of the region could have told Ms. Pelosi, Mr. Assad is a corrupt thug whose overriding priority is not peace and stability, but heading off U.N. charges that he orchestrated the murder of the former Lebanese prime minister. The really striking development is the attempt by a Democratic Congressional leader to substitute her own foreign policy for that of the sitting Republican President. Two weeks ago Ms. Pelosi rambled legislation through the House of Representatives that would strip Mr. Bush of his authority as commander-in-chief to manage troop movements in Iraq, contemptuously introducing a new Middle East policy that directly conflicts with that of the President.

We have found much to criticize in Mr. Bush’s military strategy and regional diplomacy, but Ms. Pelosi’s attempt to establish a shared foreign policy is not only counterproductive, it is foolish.

That happened while we were on break. There are some who hope it disappears in memory, and in the words of George Orwell, that it goes down the memory hole and never gets called up again.

I was going to talk entirely about the economy, but I think this is something, now that we are back in session, that we should take time to talk about. I hope with this kind of scolding from the Washington Post—I understand there were other newspapers also that took the same position, newspapers that are not favorable to Republicans generally—I would hope that the Speaker would realize she has made a rookie mistake and that she will not do it again.

Madam President, I yield the floor.

SUPPLEMENTAL APPROPRIATIONS

The ACTING PRESIDENT pro tempore. The Senator from Texas is recognized.

Mr. CORNYN. Madam President, listening to the distinguished Senator from Utah, I could not help but agree with him that it is refreshing to go back to the States to talk to people whose priorities are different from those in Washington, DC, and to sort of decompresse a little bit and get in touch with reality ones again.

Washington, DC is a fascinating place, but it is kind of like coming to Disneyland in some ways. It is not real in many respects, although as we all know, important decisions are made here that affect the lives of all three hundred million people in the United States and people all across the world.

It is one of those decisions, or should I say non-decisions, that I will rise to speak about this morning. It affects the lives of all three hundred million people in the United States and people all across the world.

It has been more than 60 days since the President sent up an emergency war spending bill to Congress. Now 60 days, more than 60 days, have passed, and the troops still do not have the money and the House of Representatives has yet to appoint conferees so we can move forward and get money to our troops. In fact, the House is in recess for an additional week. Our men and women in Iraq and Afghanistan, of course, do not have the liberty of talk-show breaks. These are the men and women they have so nobly and valiantly committed themselves to fight. While they are living up to their responsibilities, I think it is important for Congress to live up to its responsibilities too. Of course, their message is being sent more than a little bit confusing, and I regret that, honestly, because while the Senate majority leader, Senator Reid, at one point has said we are not going to do anything to limit funding or to cut off funds—he made that comment on November 30, 2006—on April 2, 2007, he made the announcement that, in fact, he was going to cosponsor Senator Feingold’s legislation that would do exactly what he said he wouldn’t do a few short months before. That is, cut off funds to support the troops.

Notwithstanding that position, we did, in fact, pass the funding bill, but, unfortunately, it contained unnecessary spending and in effect a surrender date for our enemy to see. I cannot bring myself to understand how someone can say they support the troops with the surrender date or pork barrel spending necessary to secure the votes to pass it, because it could not pass on its own merits.

I have, in fact, joined the rest of the Senate and House Republican leadership in sending a letter to Speaker Pelosi, urging her to call the House back into session immediately so Congress can finish its work on this important emergency spending bill.

Keeping the funding for these troops has been pending since February 5, and because of the unnecessary strictures on the President’s authority as Commander in Chief, where Congress has, in effect, deemed it acceptable to put the Army in an armchair general of it. To circulate the tactics of the battle 6,000 miles away, the President said he is likely to veto the bill unless it is changed substantially through a conference committee. The Senate, of course, appointed conference on March 29, but the House never did, despite passing the bill a week earlier.

Senator Harry Reid, the Senate majority leader, said he hoped the conference committee would begin on March 30, but, unfortunately, that hasn’t happened, and again our troops still do not have the resources they need.

If there be any doubt, this is what the Army Chief of Staff, General Schoomaker, has said: Without approval of the supplemental funds in April, we will be forced to take measures that will impact Army readiness and impose hardships on our soldiers and their families.

Secretary of Defense Gates also emphasized the danger of delay. He said: This kind of disruption to key programs will have a genuinely adverse effect on the readiness of the Army and the quality of life for soldiers and their families.

Some have suggested this is all a bluff, and that our military can wait until July to get the funding from this emergency supplemental. That is simply not correct. As a matter of fact, Secretary Gates listed the specific cuts the Army would have to consider in the upcoming months. He said: If the supplemental is not passed by April 15, the Army—which has the majority of all forces in Iraq—could have to curtail and suspend home station training for National Guard units, slow the training of units headed to the wars, stop paying for facilities upgrades at home bases, and stop repairing gear needed for predeployment training.

He said: If May 15 comes and goes without passage and the funds go to the troops, even more devastating cuts would result, including a slowdown in depot repair work, slowing brigade combat team training, which would force the extension of units in theater—in other words, the troops could not rotate back on a timely basis as they and their families expect they will—and it would cause the implementation of a hiring freeze, among other measures.

I cannot understand how we can claim to support our troops and yet put them in increased jeopardy as a result of our failure to act. That is why I believe it is so important that we get these funds to the troops as soon as we can, stripped of these extraneous strictures on our troops, artificial deadlines sending a white flag of surrender, letting our enemy know when we are going to quit. It needs to be stripped of these provisions as the pork barrel spending our troops ought not to have to bear, in addition to the other burden they and their families bear on our behalf.

Madam President, I yield the floor and I suggest the absence of a quorum.

Ms. LANDRIEU. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. AKAKA). Without objection, it is so ordered.

IN MEMORY OF COACH EDDIE ROBINSON

Ms. LANDRIEU. Mr. President, I rise today in morning business to speak about the passing of an extraordinary man. Today, in Baton Rouge, in the capital, the son of a sharecropper will lie in state. It is a fitting tribute to Coach Eddie Robinson, the winningest...
coach in the history of football, but a man who excelled beyond the playing field, a man whose life touched hundreds and thousands of athletes, on the field and off, and millions of lives in a positive way around the world.

I rise to pay him tribute today. He is a true American hero. He began coaching in 1941 at Grambling State University. During his 57-year coaching tenure, he won more than 400 football games—more than any other coach before him—and 17 championships in the Southwestern Athletic Conference.

Coach Robinson shattered the glass ceiling that had always held back the true potential of African-American players and coaches. He did it with a strong and indomitable spirit and with determination and love of country.

In a time before the civil rights movement, when overt and state-sponsored racism was the order of the day and permeated both college and professional sports, Coach Robinson proved that African Americans could compete on the same playing field.

Through the years, more than 200 of his players have played in the NFL, including Paul “Tank” Younger, the first NFL player from a predominantly African-American university.

Coach Robinson was personally responsible for paving the way for hundreds of African-American players to have the opportunity to play in the NFL. He provided them with real lessons of patriotism, self-respect and hard work. He taught the players and coaches. He did it with a positive way around the world.

He leaves behind a vibrant legacy. He leaves behind a legacy of mentorship that is truly unmatched. He leaves behind a legacy of love and the tradition of teamwork and patriotism, self-respect and hard work. He provided them with real lessons of life that extended far beyond the playing field.

After their experience at Grambling, I know he was to see his young athletes excel and move all over the world, impacting the wider community in business and in athletics, as well as in general community service in multiple ways.

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One of his former players said it best when he said: “Everyone wanted to be like Eddie.”

Mr. President, I close these remarks today by saying that I, like most everyone in Louisiana, knew Coach Robinson. We had been in his presence. We had watched him coach. We had heard him laugh. I had the great privilege of spending some time with him recently at his home in Grambling, with his wife Doris and some of the family members. I could not help to be, even at his late age of 88, impressed with his strong and wonderful spirit. When he was just a few years younger, as he walked in, I knew you could feel that spirit immediately.

So it is with great sadness that we say good-bye to Coach Eddie Robinson. But it is with great joy we share with the world this man, the son of a sharecropper who never let the limits of even the laws of those times and the limits of the culture in which he lived to stop him or to stop his belief in the young men and women he coached and served.

So we say good-bye today. But he is getting a proper tribute lying in state at our State capital in Baton Rouge, and we are confident his legacy will live on.

In my last visit with his family, I hoped and suggested we could build a museum in his honor. I am hoping it is something in which Members of this Congress will join with our leaders at home—not just any museum but a museum that will honor his life and legacy; a place where athletes, professional and amateur, could receive ongoing training and support both scholastically as well as in terms of general leadership, so his legacy could live on. Perhaps this place or the center of learning and leadership should be located either on or somewhere very near the Grambling campus where he served for so many years.

So, again, it is with great sadness we say good-bye, but with great pride in a true American hero, Eddie Robinson. Mr. President, I yield the floor.

The PRESIDING OFFICER. The Chair recognizes the Senator from Iowa.

Mr. HARKIN. Mr. President, I ask unanimous consent that the resolution and the preamble be agreed to, without objection, it is so ordered.

AUTHORIZING LEGAL COUNSEL REPRESENTATION

Mr. HARKIN. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 140, submitted earlier today.

The PRESIDING OFFICER. The resolution (S. Res. 140) was agreed to.

The resolution will authorize the Senate legal counsel to represent the Finance Committee seeking, and the court's approving, such writs to authorize the production of Federal prisoners to be produced to appear in a congressional as opposed to a judicial proceeding.

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ORDER OF PROCEDURE

Mr. HARKIN. Mr. President, I ask unanimous consent that on Tuesday, or today, the debate with respect to the stem cell bills be in alternating segments of 60 minutes as follows:

Sixty minutes under the control of Senator HARKIN or his designee;
next 60 minutes under the control of the Republican leader’s designee, Senator COLEMAN: the next 60 minutes under the control of the majority leader or his designee; and then the next 60 minutes under the control of Senator BROWNBACK: and continuing in that alternating fashion until 9 p.m. on Tuesday.

The PRESIDING OFFICER. Without objection, it is so ordered.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

STEM CELL RESEARCH ENHANCEMENT ACT OF 2007

HOPE OFFERED THROUGH PRINCIPLED AND ETHICAL STEM CELL RESEARCH ACT

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration en bloc of S. 5 and S. 30, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 5) to amend the Public Health Service Act to provide for human embryonic stem cell research.

A bill (S. 30) to intensify research to derive human pluripotent stem cell lines.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. HARKIN. Mr. President, I noted that the clerk reported the bill, S. 5, she reported it as an amendment to the Public Health Service Act, and that is what this debate is all about and that is what this vote is going to be about. It is going to be about public health of people in this country and around the world and whether they are going to have hope that they will see a future in which modern medical science can actually overcome and cure things such as Parkinson’s disease, Alzheimer’s, heart disease, spinal cord injuries, and a host of other illnesses. That is what this debate is about. It is about hope. It is about health. So today begins 20 hours of Senate debate on a bill to lift the administration’s restrictions on stem cell research and bring hope to millions of people in this country who are suffering from illnesses such as ALS, juvenile diabetes, Parkinson’s, spinal cord injuries, and so many other devastating diseases and conditions.

Most Americans probably find it hard to believe we are still arguing about this issue. They want more stem cell research. They have listened to the scientists. They have watched the House and Senate vote overwhelmingly during the last Congress to expand the administration’s policy. Then they went to the polls in November and more often than not elected candidates who support stem cell research. So why are we still debating this? The answer, unfortunately, is simple: President Bush used his first—and so far only—veto of his administration to reject last year’s stem cell bill and dash the hopes of millions of Americans. So we are back once again.

I thank my colleagues in the Senate who have worked together on this bill with me, and with many colleagues, including Senator ARLEN SPECTER of Pennsylvania. He chaired the very first hearing in Congress on embryonic stem cells in December of 1998. In all, our Labor, Health, and Human Services and Education Appropriations Subcommittee has held hearings on this research since then under the chairmanship of Senator SPECTER. I also thank the other Senate leaders on stem cell research, including Senator HATCH, Senator KENNEDY, Senator SMITH, and Senator FERNSTEIN. So counting Senator SPECTER and me, there are three Republicans and three Democrats on that list, and this has truly been a bipartisan effort all the way. I thank our majority leader Senator REID for scheduling this debate and making sure it is one of the first issues we vote on in the 110th Congress. I also thank our Republican leader Senator MCCONNELL for working with us to schedule this debate and this vote tomorrow.

Most of the 525 signatories are families of thousands of families and patients who never gave up, who kept up the pressure to bring this bill to the floor and who were so eager to see S. 5 sent to the President’s desk. They have kept the faith and kept us to see that they are not disappointed.

There is probably one other entity I should thank and that is the House of Representatives, under the able leadership of Speaker PELOSI, which passed this bill earlier this year and sent it over to the Senate. I will talk a little bit later about how our bill differs from theirs, but nonetheless, the bill they passed is a bill that mirrors the same thing we are doing here, and that is to lift the restrictions on embryonic stem cell research.

Under this unanimous consent agreement we have, for information, we will debate and vote on two bills. Make no mistake, however: The only one that matters is S. 5, the Stem Cell Research Enhancement Act. The other bill is S. 30. This is the one bill that at long last will unleash some of the most exciting and promising research of modern times. Think of it this way: S. 5, the bill that we are voting on, will take the handcuffs off of our scientists. It will take the handcuffs off so they can now begin to do the research that will lead to miraculous cures and interventions.

It is a good time to step back and ask: Why is there so much support for S. 5? Well, I have a letter signed by 525 groups endorsing this bill, including patient advocacy groups, health organizations, research universities, scientific societies, religious groups. There are 525 groups in all. They all agree Congress should pass S. 5. Why is that? Because it offers hope. I have a series of charts here which I will point to. S. 5 offers hope. I think this chart illustrates many—not all but many—of the ailments which scientists tell us embryonic stem cells could lead to interventions and cures for, including Lou Gehrig’s disease, Alzheimer’s, Parkinson’s disease, muscular dystrophy, autoimmune diseases, severe burns, leukemia, bone marrow disorders, diabetes, immune deficiencies, heart disease, and spinal cord injuries. That is just to name a few. There are many more, but my colleagues get the idea of how broad and how encompassing the approach would be if we were to get into embryonic stem cell research. It is not just focused on one thing; it is broader than that. It encompasses so many illnesses and afflictions. All told, more than 100 million Americans have diseases that one day could be treated or cured with embryonic stem cell research.

But it is not just Members of Congress saying that. No one should take our word alone. Three weeks ago Dr. Zerhouni, the director from the National Institutes of Health, appeared before our Appropriations subcommittee. I asked him whether scientists would have a better chance of finding new cures and treatments if the administration’s current restrictions on embryonic stem cell research were lifted. Dr. Zerhouni said unequivocally: Yes. Now, Dr. Zerhouni is the Federal Government’s top scientist in the area of medical research. President Bush appointed him to be the Director of the National Institutes of Health. So it took great courage on his part to say in public we need to change direction on stem cell research, but he did so because it is the truth.

This is his quote. This is what the Director of the National Institutes of Health said before the subcommittee:

It is clear today that American science would be better served and the Nation would be better served if we let our scientists have access to more cell lines.

It is not only NIH scientists who believe this way. Dr. J. Michael Bishop, who won the Nobel Prize in medicine, wrote recently:

The vast majority of the biomedical research community believes that human embryonic stem cells are likely to be the source of key discoveries related to many debilitating diseases.

Dr. Harold Varmus, the former Director of the National Institutes of Health, who just preceded Dr. Zerhouni and who himself is a Nobel Prize winner, wrote in a letter dated yesterday:

S. 5 represents an important step forward for human embryonic stem cell research, a field that offers great promise for the replacement of damaged cells, the understanding of the mechanics of disease, and the development and testing of new drugs. Unfortunately, current policy does not keep pace with the speed of scientific discovery and is today of limited value to the scientific community.

I did go on. We have a lot of support all over this country and the world who agree we should be pursuing embryonic stem cell research because it offers enormous hope for easing
human suffering. Some may ask: I thought the Federal Government already supports embryonic stem cell research. Well, here we have an interesting situation in terms of Federal funding for embryonic stem cell research.

I have to take my colleagues back in time to August 9 of 2001. In an evening address starting at 9 p.m. on August 9 of 2001, the President, in an address to the Nation, said we were going to permit Federal funding for embryonic stem cells only if they were derived prior to 9 p.m. on August 9 of 2001. Any that were derived after that we could not fund research on. Well, at this time it was said there were 78 lines, 78 stem cell lines we could use. We know that is less than 21 now and many of these are in bad shape, and every single one of them contaminated on mouse feeder cells, which I will talk about in a moment. I always thought it was kind of interesting that somehow we had this hypocrisy—I call it stem cell hypocrisy—that before 9 p.m. on August 9 of 2001, it is morally acceptable to use taxpayers' dollars to fund embryonic stem cell research. So if the stem cells were derived before 9 p.m., it is morally acceptable. If they were derived after 9 p.m. on August 9, it is morally unacceptable. Well, I ask, what is so significant about 9 p.m. on August 9? Why couldn't it have been 8:30 p.m., 9:15 p.m., midnight, or 10 p.m.? Well, I agree with you, but I am trying to get to the point. It is totally arbitrary—totally arbitrary. We have to ask ourselves: Why is it that Federal tax dollars can be used on embryonic stem cells derived before 9 p.m.—that is OK—but after 9 p.m., it is not OK? Please, someone tell me why 9 p.m. August 9 is the moral dividing line. It is totally arbitrary.

Even with that, we had hoped the President's policy would work, but it hasn't. Here is why. As I said earlier, on that date, the President said there were 78 stem cell lines available. We now know only 21 are eligible. It is not nearly enough to reflect the genetic diversity that scientists need to develop treatments for everyone in the country. What is more, every single one—every single one of these approved lines—is contaminated by mouse feeder cells. What that means is when you take the stem cells and you propagate them, you cannot grow them in a medium. You grow them in a medium. They were grown on mouse cells, mouse feeder cells, so they are all contaminated. Ask yourself: Would you want to take the possibility that somehow mouse cells are getting into your body because of stem cells? No. Many of the 21 lines are too unhealthy. They have degenerated. They are unhealthy. As a matter of fact, I have been told we are down to about right now only four.

Dr. Jeffrey Berg, another NIH Director, was a little more generous. He said there are six lines in common use. Well, four or six, you get the picture. It is not 78, it is only 4 or 6. Again, they are contaminated with mouse feeder cells. So some stem cell research is taking place. Top scientists are working with one arm tied behind their backs because of these restrictions. It is having a chilling impact on the scientists who are thinking about entering the field.

According to Dr. Nora Volkow, Director of the NIH Drug Abuse Institute, the administration's policy is discouraging scientists from applying for NIH funding to conduct stem cell research. In a letter to me last year, she wrote:

Despite general interest and enthusiasm in the scientific community for embryonic stem cell research, the limited number of available lines has translated into a general lack of research proposals.

So the President's policy, which we have had in effect since August 9, 2001, is not a way forward; it is an absolute dead end for research. It only offers false hope to the millions of people around the world who are suffering from diseases that could be treated with stem cell research. They cannot understand why some stem cells are derived before 9 p.m. on August 9, 2001, they are uncontaminated and healthy, and others are determined to be used on embryonic stem cells derived after 9 p.m., on August 9 of 2001. In an evening address starting at 9 p.m. on August 9, the President said there were 78 stem cell lines available. We know that is only 4 or 6. Again, they are contaminated with mouse feeder cells, so they are all contaminated. Ask yourself: Would you want to use these cells, mouse feeder cells, so they are all contaminated? Many of these lines have been verified to be contaminated with mouse feeder cells. They are unhealthy. Many of these lines have been studied that should not be allowed, either. But I have not seen any amendment from anyone here that would want to remove that as an arbitrary point. It is a shame that we don't open these stem cell lines. Think about it this way. We don't require astronauts to explore the skies with 19th century telescopes. We don't tell our geologists to study the earth with tape measures. If we are selecting one place, but overlooking the promise of stem cell research, our scientists need access to the best stem cell lines available.

Again, don't take my word for it. Dr. Story Landis runs the Stem Cell Task Force at NIH. In January, she appeared before a joint hearing of the HELP Committee, chaired by Senator Kennedy, and my subcommittee. Senator Kennedy asked her whether scientists are missing out on possible breakthroughs under the administration's current policy, and this was her answer:

Yes, we are missing out on possible breakthroughs. From a purely scientific perspective, Federal funding of additional cell lines is necessary to advance the field.

This is Dr. Landis, head of the Stem Cell Task Force at NIH. She needs a stem cell policy in this country that offers true, meaningful hope to patients and their loved ones. That is what this bill, S. 5, would do. Under our bill, federally funded researchers could study any stem cell line, regardless of the date a stem cell is derived, as long as strict ethical guidelines are met.

I believe it is important to emphasize this: We have very strict ethical guidelines. First, stem cells must come from embryos that are not wanted and they no longer need the embryos. What happens to them? Under the policy we have now, there are only two things: You can keep them frozen for the next 10,000 or 20,000 or 50,000 years, or however long, or you can discard them. That is what is happening every day in vitro fertilization clinics across the country. Embryos are being discarded as hospital waste.

Now, you might be a couple who says: We have had all our children, and we don't want any more. We don't want to keep paying forever and ever to have the embryos frozen. We would like to donate them to someone else. We want to help a young person with juvenile diabetes or someone with a spinal cord injury. We would like to contribute those embryos for that research. They cannot do it. It seems to me that at least we should be able to allow the couples to donate them if they wish. So the real question is, Do we throw them away or use them to ease suffering? Do we throw them away or allow them to be used with these strict ethical guidelines? I think it is the second choice that is truly moral and respectful of human life.

You might even think about it this way. Embryos will be destroyed, people will be destroyed. But I don't think it is embryo destruction, by the way. I will point out there is a lot of misconception. I didn't listen to it, but I read the debate in the House last year. One of the speakers—I think the former minority leader, Mr. Delay, talk about it, but I want to be able to contribute those embryos for that research. They cannot do it. It seems to me that at least we should be able to allow the couples to donate them if they wish. So the real question is, Do we throw them away or use them to ease suffering? Do we throw them away or allow them to be used with these strict ethical guidelines? I think it is the second choice that is truly moral and respectful of human life.

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existing in a womb. That is not it at all. You might say it is alive, it has life—yes, it does—and you should not destroy that life. Well, you might destroy the embryo itself, but in taking the stem cells from it—the cells in the embryo give you life—why don't you take the cells out and you propagate them and examine them and then maybe use those lines for curing diseases in the future, it seems to me that you are really propagating life, saving lives, and prolonging life by doing both.

That is why giving people the choice of voluntarily contributing the cells is truly moral and respectful of human life.

The second ethical requirement is that couples must provide written, informed consent. Now, I might point out that some of the 21 federally approved lines that are now in existence—especially the ones from other countries—don't meet that requirement. So we need to pass S. 5 to tighten the ethical guidelines. There's no question that the embryos were donated properly. Think of it this way. We have Federal money right now that could be going—and probably is—into figuring out some new way of deriving stem cells that might or might not work. At this point, no one could know how to derive embryonic stem cells and how to propagate them. Some research in other countries and private research has already led to stem cells developing into nerve cells and things like that.

We don't want S. 30 to do that. S. 30 says to scientists—that is the other bill before us—don't use any of the 400 existing stem cell lines already derived. Instead, put all of your effort into figuring out some new way of deriving stem cells that might take 10 years or more years to pan out, or maybe not at all. For example, the proponents of S. 30 will talk a lot about the new version of S. 5 is combine two bills the Senate passed over the past few years that did not become law. That was H.R. 810 and the Specter-Santorum bill. By voting for S. 5, the bill before us now, Senators can show they support all forms of stem cell research. Again, the Specter-Santorum bill says we need to find out all other forms of stem cell research. That was amniotic, placental stem cells, adult stem cells, whatever. I have no problem with that. I think we ought to pursue all of them. But that is the key difference between S. 5 and S. 30—that is the other bill we will vote on tomorrow. S. 30. That bill puts all its hopes in theories, alternative ways of deriving stem cells that might or might not work. At this point, no one could know how to derive embryonic stem cells and how to propagate them. Some research in other countries and private research has already led to stem cells developing into nerve cells and things like that.

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If this year’s debate goes like last year’s, then you will expect opponents of adult stem cells to make a lot of unfounded claims about adult stem cells. I will listen closely and try to correct those mistakes people might make. There is a lot of stuff out there. Our committee looked at this, and we have had a lot of testimony from scientists at NIH. So there will be a lot of unfounded claims about adult stem cells.

As I have said for the last several years, I am all for adult stem cell research and use. Adult stem cells are already being used successfully in treating several blood-related diseases, and that is great. I am all for it. Let’s continue this area of research. But as we now know, and as scientists tell us, adult stem cells are not a panacea. They can’t do everything that embryonic stem cells can do. Again, don’t take my word for it. Listen to what Dr. Zerhouni, the Nation’s highest ranking medical researcher, has to say about adult stem cells. This is what he said before our committee:

The presentations about adult stem cells having as much or more potential than embryonic stem cells, in my view, do not hold scientific water. Last, I think they are overstated. . . . My point of view is that all angles in stem cell research should be pursued.

That is what S. 5 will allow us to do. Most people could care less what cells are used to develop a cure. They just want a cure. So I say let’s examine them all.

By the way, S. 30, the other bill we will be debating that focuses on deriving stem cells from naturally dead embryos, can be done under S. 5 also or under the Specter-Santorum bill. There are no restrictions on that issue. It is just that S. 30 says that is all we will do. S. 5, our bill, says we will open the 400 lines as long as they meet the ethical guidelines we have established. We will open those 400 lines to federally funded research and everything else, too. They can look at stem cells from naturally dead embryos. They can look at them from adult stem cells, placental, amniotic fluid, umbilical cord—whatever. They can look at them all as long as they meet ethical guidelines.

Lastly, we talk all about research, about science, about stem cells, using all the quotes from scientists and others. What it is really about is giving hope to people. It is about helping people who have devastating—devastating—illnesses.

This is a picture of Karli Borcherding of Ankeny, IA. Karli is one of the millions of Americans whose hopes depend on stem cell research. I met Karli for the first time last night. She is a 12th birthday. She has type 1 diabetes, also called juvenile diabetes. When people have this disease, their body stops making insulin, so they have to inject insulin four times a day. Here is a picture of Karli Borcherding, age 12, from Ankeny, IA, with her mother and her sisters. She just celebrated her 12th birthday. She has type 1 diabetes, also called juvenile diabetes. When people have this disease, their body stops making insulin, so they have to inject insulin four times a day.
My dream is that one day we will find a cure for juvenile diabetes, and I can just go back to being just a normal kid.

If adult stem cells could bring Karli a cure, she would gladly take it. But scientific evidence is not interested. Our premier institution of NIH can’t be involved.

We can’t keep telling people such as Karli that embryonic stem cells might bring them a cure but, sorry, the Federal Government is not interested. Our only institution of NIH can’t be involved.

Senator HARKIN, for his leadership on this issue, our subcommittee had the first hearing on stem cell research 1 month after they were derived. Under his chairmanship, we have had 20 hearings, I mentioned that earlier. There hasn’t been a more stalwart, informed person in either body, or on the Hill, about embryonic stem cell research than Senator SPECTER.

Mr. President, I yield the floor to my good friend, and I say again, the person who started all of our hearings on this issue in 1998. Under the leadership of the chairmanship of Senator SPECTER, our subcommittee had the first hearing on stem cell research 1 month after they were derived. Under his chairmanship, we have had 20 hearings, I mentioned that earlier. There hasn’t been a more stalwart, informed person in either body, or on the Hill, about embryonic stem cell research than Senator SPECTER.

The PRESIDING OFFICER. The Chair recognizes the Senator from Pennsylvania, Mr. SPECTER.

Mr. SPECTER. Mr. President, parliamentary inquiry: Is it correct that I have 20 minutes allocated at this time?

Mr. HARKIN. Yes. Mr. SPECTER. Mr. President, I thank my distinguished colleague, Senator HARKIN, for his leadership on this very important issue. I thank him for his very generous comments. It is true that he and I have worked together on the Subcommittee on Labor, Health, and Human Services, Education, and Related Agencies for more than 20 years. He now chairs the subcommittee, and I am the ranking member.

In the past, I have chaired the committee, and he has been the ranking member. We have had very close bipartisan cooperation. As we frequently say, there has been a seamless transfer of the gavel, looking out for the interests of the American people.

Senator HARKIN accurately notes that when stem cells first burst upon the American scene in November of 1998, our subcommittee moved immediately. It was actually December 2 of 1998. We have since had a total of 20 hearings on this important subject.

Today I am speaking for 110 million Americans who suffer directly or indirectly, personally or through their families and loved ones, from debilitating diseases such as Parkinson’s, Alzheimer’s, heart disease, cancer, diabetes, and I also speak for myself.

In 1970, President Nixon declared war on cancer. Had that war been prosecuted with the same diligence as other wars, with the same effort, our current brain tumor patient, his 14-year-old son, Ryan, many of you have tried mightily. Last year we passed a bill for stem cell research which would allow the use of Federal funds for research. But I think it is important to note that the Federal funds would not be used to kill embryos but would be used to conduct research on 400 existing lines. That bill, as we all know, was vetoed. The Senate passed the bill by 63 votes. I believe it is accurate to say that there are more than 63 affirmative votes in the Senate today. Whether there are 67 remains to be seen.

It is my view that if we had sufficient mobilization of public opinion, that public opinion and political pressure, which is the appropriate process in a democracy, could provide enough votes for a veto override.

As I see it, it is not a matter of whether there will be Federal funding for embryonic stem cell research but when that Federal funding will be present. The longer it is delayed, the more people will suffer and die from these maladies.

I have encouraged the groups which come to Washington in large numbers to stage a massive march on the Mall. I have asked them to come to Washington in large numbers to stage an in vitro fertilization. A few of them are used and the others are frozen. I think of these embryos could be used to produce life, none of us would advocate the research. But they will not be used to produce life.

Our Subcommittee took the lead in providing $2 million for embryonic stem cell adoption. As of April 5 of this year, the Night Life Christian Adoption Service reports that embryo adoption resulted in the birth of some 135 so-called snowflake children, and 20 babies are currently due. It is obvious by these statistics that we have enormous waste of resources for scientific research.

I have in my hand an hourglass. This hourglass was referenced by one of my constituents, a man named Jim Cordy, from Pittsburgh, PA, who suffers from Parkinson’s. When I was in Pittsburgh years ago, Jim Cordy approached me with an hourglass. He said: Senator, the sands are slipping through this hourglass like my life is slipping away. When I come to Washington, I will work mightily, just as Senator SPECTER worked mightily, just as Senator HARKIN worked mightily, to get Federal funds for stem cell research. It is my view that if we had sufficient mobilization of public opinion, that public opinion and political pressure, which is the appropriate process in a democracy, could provide enough votes for a veto override.

It is my hope the President will relent in the spirit of the reconstructed statute, which we are providing.

Mr. President, I ask unanimous consent that the history of the 20 hearings which the subcommittee has held on stem cells, the endorsements of the embryonic stem cell research by the Directors of the National Institutes of Health, and my full statement on the stem cell bills be printed in the Record.

There being no objection, the material was ordered to be printed in the Record, as follows: Hearings: 20 Labor-HHS Subcommittee hearings have been convened on stem cell issues. 17 hearings have dealt specifically...
Floor Statement of Senator Arlen Specter

Mr. President, I rise to speak in support of the stem cell bills that are being debated today: S. 821, the Stem Cell Research Enhancement Act of 2007, and the original bill co-sponsored, along with Senators Harkin, Hatch, Kennedy, Feinstein, Smith and Reid and S. 8, the HOPE Act introduced by Senators Coleman and Isakson. S. 5 is a combination of two bills that I introduced in the previous Congress and of which I have been a strong proponent for eight years.

Support of Human Stem Cell Research

I believe more stem cell research should be pursued with all possible haste to cure the diseases and maladies affecting Americans. In my capacity as Ranking Member and at times—Chairman—of the Labor, Health and Human Services, and Education Appropriations Subcommittee, I have backed up this belief by supporting increases in funding for these technologies (ACT) that it had cloned a human embryo.

The twelfth hearing, on January 24, 2002, focused on the National Academy of Sciences’ Panel on Human Cloning.

The thirteenth hearing on March 12, 2002 focused on prohibiting human cloning and the implications for medical research.

The fourteenth hearing on March 26, 2002 focused on the implementation of the President’s stem cell policy.

The fifteenth hearing on May 22, 2003 investigated new technology that 16 stem cell lines in Sweden had not been developed enough to have been exposed to mouse feeder cells.

The sixteenth hearing on July 12, 2005 was the first hearing to investigate alternative methods for obtaining pluripotent stem cells.

The seventeenth hearing on October 18, 2005 explored the potential of embryonic stem cell research and nuclear transplantation in treating several specific diseases and fetal tissue replacement.

The eighteenth hearing on June 27, 2006 was the second hearing investigating alternative methods for obtaining pluripotent stem cells and it featured testimony by Senator Rick Santorum.

The nineteenth hearing on September 6, 2006 investigated the claim by Advanced Cell Technology Inc. that it had succeeded in deriving stem cell lines without destroying embryos. This was the third hearing specifically discussing alternative methods for deriving stem cells.

The twentieth hearing on January 19, 2007 is a joint hearing with the HELP Committee that is reviewing the science of stem cell research and the question “Can Congress Help Fulfill the Promise of Stem Cell Research?”
is clear today that American science would be better served and the nation would be better served if we let our scientists have access to more cell lines. To sideline NIH in such an instance, in my view, is shortsighted. I think it wouldn’t serve the nation well in the long run.” His testimony clearly shows that the time has come to move forward.

S. 5—the Stem Cell Research Enhancement ACT

S. 5, the Stem Cell Research Enhancement Act, introduced on May 20, 2006, provides for a more rapid expansion of scientific progress through cures and treatments for a wide range of diseases and debilitating health conditions. The bill puts in place strong ethical requirements on stem cell lines that are funded with Federal dollars. In fact, several stem cell lines currently funded with Federal dollars would not be eligible under the policies put in place by this bill. The requirements include:

(1) embryos used to derive stem cells were originally created for fertility treatment purposes and must be destroyed, thus making stem cell lines eligible for federally funded research regardless of the date on which they were derived. Expanding the number of existing cell lines would not only accelerate scientific progress towards cures and treatments for a wide range of diseases and debilitating health conditions, the bill puts in place strong ethical requirements on stem cell lines that are funded with Federal dollars. In fact, several stem cell lines currently funded with Federal dollars would not be eligible under the policies put in place by this bill.

The Coleman/Isakson HOPE Act

The Coleman/Isakson HOPE Act focuses attention on only alternative avenues of research. This bill promotes research on alternative ways of deriving stem cells—as does S. 5. It emphasizes a particular alternative using so-called “dead embryos” that is unproven and highly speculative. It does not address the question of the ethical basis of stem cell research. Unfortunately, it also attempts to codify scientific terms that would be better left to the definitions of scientific and medical community. Despite these shortcomings, this bill deserves support because it highlights the need for further research.

ALTERNATIVE METHODS FOR DERIVING STEM CELLS

S. 5 further includes authorization for NIH to pursue research toward alternative methods for deriving stem cells that do not result in the destruction of embryos. The approach is identical to that promoted by former Senator Santorum and myself in the last Congress, which passed this body by a vote of 100 to 0. Unfortunately, that legislation did not clear the House of Representatives.

When the Council of the President’s Council of Bioethics reported on several theoretical methods for deriving stem cells without destroying embryos, I immediately scheduled a hearing to investigate these techniques. On June 5, 2006, the Labor-HHS Subcommittee heard testimony from five witnesses describing several theoretical techniques for deriving stem cells without destroying embryos. The stem cells would theoretically have the key ability to become any type of cell. We discussed these techniques at a second hearing on June 27, 2006, but emphasize that none of these techniques is a proven technology, and in some cases they are only being pursued because of the restrictions in place.

The Coleman/Isakson HOPE Act

The Coleman/Isakson HOPE Act focuses attention on only alternative avenues of research. This bill promotes research on alternative ways of deriving stem cells—as does S. 5. It emphasizes a particular alternative using so-called “dead embryos” that is unproven and highly speculative. It does not address the question of the ethical basis of stem cell research. Unfortunately, it also attempts to codify scientific terms that would be better left to the definitions of scientific and medical community. Despite these shortcomings, this bill deserves support because it highlights the need for further research.

I must emphasize that this bill is not a substitute for support of human embryonic stem cell research or support for S. 5. A vote in favor of the HOPE Act and against S. 5 will not further the search for cures. The two bills are compatible in their scope and together will advance our understanding of biomedical science and bring us another step closer to the cures and treatment that we all desire.

CONCLUSION

The two bills before us are both worthy of passage. S. 5 stands out as it will allow real progress towards cures. I strongly believe that the funding provided by Congress should be invested in the best research to address diseases based on scientific and political opportunity. Politics has no place in the equation. Throughout history there are numerous examples of politics stifling science in the name of what was imprisoned for his theory that the planets revolve around the sun. The Institute of Genetics of the former Soviet Academy of Sciences opposed the use of hybrid varieties of wheat because it was based on the science of the West. Instead, they supported a doctrine called “acquired characteristics,” which was made the official Soviet position. This resulted in lower yields for Soviet wheat throughout the former Soviet Union in the first half of the twentieth century. These historical examples teach us to be skeptical of these decisions based on sound science, not politics. I urge you to vote in favor of S. 5, so that this Congress does not look as foolish in hindsight as these examples.

EXHIBIT 1

LETTERS TO NIH DIRECTORS

On July 10, 2006, you and Senator Harkin wrote to Dr. Zerhouni and 18 other NIH institute directors asking that they answer questions in preparation for the upcoming stem cell debate. We asked that the responses be submitted directly to us without editing, revision, or comment by the Department of Health and Human Services as required by the Coleman/Isakson HOPE Act. The following is a summary of their answers:

Question 1. Do you believe that embryonic stem cell research holds great promise for treating, curing, and improving our understanding of diseases? If so, please describe some of the important basic mechanisms involved in this research. Would access to additional and newer stem cell lines hasten progress towards these basic and clinical applications?

Dr. Zerhouni (Director, NICHD): embryonic stem cell research holds great promise for treating, curing, and improving our understanding of disease, as well as revealing important basic mechanisms involved in cell differentiation and development.

... from a purely scientific standpoint, it is clear that more cell lines would be helpful in pursuing expedient progress in this important field of science.

Dr. Fauci (Director, National Institute of Allergy and Infectious Diseases (NIAID)): believes that research on embryonic stem cells could potentially increase scientific understanding of the biology of human diseases and also lead to improvements in the treatment of many human diseases.

NIAID believes that embryonic stem cell research holds great promise for increasing understanding of possible treatments for diseases and conditions especially within the research mission areas of the Institute.

The more cell lines available for study, the more likely a cell line will be maximally useful for a given research, and potentially clinical application. The scientific community would be best served by having a greater number of human embryonic stem cell lines available for study.

Dr. Nabel (Director, Heart, Lung and Blood Institute): "Embryonic stem cell research has vast potential for addressing critical health needs in a number of areas relevant to the mission of the National Heart, Lung and Blood Institute."

... we recognize that the limitations of existing cell lines are hindering scientific progress among our other scientific communities very eager to move forward in this promising area. We support the creation and dissemination of newer stem cell lines in the expectation that it will advance this field and hasten progress in basic and clinical research.

Jeremy Berg (Director, General Medical Sciences Institute (NIHGM): "The National Institutes of General Medical Sciences firmly believes that embryonic stem cell research holds enormous promise for treating, curing and improving our understanding of many diseases.

"Access to additional and newer cell lines could be beneficial to this basic research endeavor in several ways... . A limited number of embryos may restrict the ability to compare fundamental processes that differ as a function of genetic variability."
lines would possess any capabilities or be different than the ESC from the discarded embryos.’’

Dr. Sierving (Director, Eye Institute): ‘‘Yes, it is important to recognize that human embryonic stem cell research holds considerable promise for treating, curing, and improving our understanding of ocular diseases. Progress could be accelerated by the increase in the number of investigators willing to work in this area.’’

Dr. Schwartz (Director, Environmental Health Institute): ‘‘I believe that human stem cell research represents one of the most exciting opportunities in biomedical research and could contribute to major breakthroughs in genomic and cellular biology. It is critical to remember that humans are 100% unique among all living species. Therefore, the usefulness of human stem cells is ultimately the same as the usefulness of human embryos. If we have the ability to clone human embryos, we have the ability to clone humans.’’

Dr. Hodes (Director, Aging Institute): ‘‘Embryonic stem cell research holds promise for helping us find more effective ways to prevent or treat a number of age-related conditions in which cell loss plays a critical role... Alzheimer’s and Parkinson’s diseases, and the damage and cell death related to heart diseases and diabetes.’’

Dr. Rodgers (Acting Director, Diabetes and Disease Institute): ‘‘Yes, embryonic stem cells are important research tools that can be used to improve our understanding of disease etiology, prevention, and therapy.’’

Dr. Nabel (Director, Heart, Lung and Blood Institute): ‘‘Yes, embryonic stem cell research holds tremendous potential for therapeutic advances in diseases affecting many Americans.’’

Dr. Collins (Director of the National Institutes of Health): ‘‘Stem cell research has tremendous potential for therapeutic advances in diseases affecting many Americans.’’

Dr. Collins (Director of the Human Genome Institute): ‘‘Stem cell research has tremendous potential for therapeutic advances in diseases affecting many Americans.’’

‘‘Access to additional and new stem cell lines has the potential to advance the field of medical research... new lines can be derived in the absence of animal products in genetic background of the current lines is very limited.’’

‘‘... additional and newer stem cell lines would enable the research enterprise to overcome... major limitations... spontaneous mutations that can arise after any cell line is maintained long-term... the human embryonic stem cells in the NIH Registry were derived using animal cell feeder layers... the limited genetic diversity of the current NIH Registry lines.’’

Dr. Hodes (Director, Aging Institute): ‘‘... all of the human embryonic stem cell (hESC) lines listed on the NIH Human Embryonic Stem Cell Registry are privately owned and many are from foreign sources. There are limits on access to additional and new stem cell lines that have the potential to advance the field of medical research... new lines can be derived in the absence of animal products in genetic background of the current lines is very limited.’’

‘‘... additional and newer stem cell lines would enable the research enterprise to overcome... major limitations... spontaneous mutations that can arise after any cell line is maintained long-term... the human embryonic stem cells in the NIH Registry were derived using animal cell feeder layers... the limited genetic diversity of the current NIH Registry lines.’’

Dr. Hodes (Director, Aging Institute): ‘‘... only four cell lines were in common use... we believe that the availability of additional cell lines would be of great service to NIH-funded researchers.’’

Dr. Landis (Director, Neurology Institute): ‘‘... only four cell lines were in common use... we believe that the availability of additional cell lines would be of great service to NIH-funded researchers.’’

Mr. SPECTER. Mr. President, how much of my 20 minutes remains?

The PRESIDING OFFICER. The Senator controls 9 minutes.

Mr. SPECTER. Mr. President, how much of my 20 minutes remains?

Mr. SPECTER. Mr. President, how much time do we have remaining on our side?

The PRESIDING OFFICER. The Senator controls 9 minutes.

Mr. HARKIN. Mr. President, we started a little late, so I will yield back the remainder of my time on this segment.

The PRESIDING OFFICER. Under the previous order, the next 60 minutes is under the control of the Senator from Minnesota, Mr. COLEMAN.

Mr. COLEMAN. Mr. President, we are going to reverse the order for a second.

Mr. ISAKSON. Mr. President, at the outset of this set of questions I wish to thank Tyler Thompson and Brittany Esay for the 2 years she devoted to this issue prior to Tyler taking over and Joan Kirchner and Chris Carr of my staff for their invaluable work and an intern and distinguished scholar of Georgia named Nick Chamoun who introduced me to a man for whom I have the greatest admiration, Dr. Steven Stice, an eminent scholar and eminent stem cell researcher at the University of Georgia.

I have introduced, in concert with Senator COLEMAN, S. 30, which has been referred to by the Senator from Ohio as containing theories—and I know he is getting ready to leave, but I want him to hear one part before he leaves.

Mr. HARKIN. Iowa.

Mr. ISAKSON. The Senator from Iowa, I sincerely apologize. His name just won the Masters in Augusta. I should remember that.

This bill is not about a theory when it comes to naturally dead embryos. Five of the existing 21 lines funded by NIH, grandfathered under the President’s directive in August 2001, were derived from, and are currently being derived from naturally dead embryos. So we are not talking about a theory, we are not talking about speculating. We are talking about a way to address the concern of the ethics of destruction of viable embryos with the promises and the hope of embryonic stem cell research.

Now, I was a real estate broker before I was elected to Congress, and since I have been in Congress, I have been anything but a scientist or anything like. I have always maintained, but I care deeply and compassionately about those who suffer, and I share the concerns of not the question of “when” but
the question of “if” that was expressed by Senator SPECTER. So I began re-
searching this entire issue to see if there wasn’t a way, and that is when I
stumbled onto the fact that there were already ways that embryonic stem
cells were being derived without the destruction of viable embryos.

I went to the University of Georgia and I met Dr. Stice for the first time
and he walked me through that process. For the edification of all those
here, and those who are concerned about that issue, I wish to talk
about it for a second because it is clear and it is precise and it threads the
ethical needle and addresses the concern for the furtherance of scientific re-
search.

In the process of in vitro fertilization, there are three principles, known
as the Gardner principles, by which physicians and doctors grade embry-
onic stem lines and the ability of the fertilization to determine the embryos that are
implantable, the embryos that are freezable, and the embryos that are
clinically or naturally dead.

Level I embryos, after in vitro fertil-
zation, are those that are dead at the time they are
inserted into the uterus. They are viable embryos with a
cluster of eight cells ready for im-
plantation and evolve into a human
being. After 4 additional days, addi-
tional embryos develop that contain
the essential eight cells, and they are
viable for freezing or for implantation.

But after 7 days, the natural process of
the cells dividing no longer takes place, and there are level III Gardner
principle materials that are left that contain embryonic stem cells but can-
not be implanted and cannot become a human being. Five of those lines were
in existence in 2001 and were invested in by NIH and are active today.

So it is only possible for fur-
ther embryonic stem cell research to take place today without destroying a
viable embryo and to have a plethora of available stem cells for researchers
and for scientists. That, by the way, has been discussed by any number of
learned doctors and physicians and re-
searchers and I wish to share some of
those quotes at this time.

There was an article written, “A
Comparison of National Institute of
Health-Approved Human Embryonic
Stem Cell Lines,” by Carol Ware,
Angelique Nelson, and Anthony Blau.

In that, they compared 15 of the 22
lines that at the time were active
under the August 2001 Presidential ex-
cutive directive, and I quote:

They compare stem cell markers, and
growth characteristics of and ease of genetic
manipulation of all lines. Only 10 of the
lines were easily tested and our 3 lines again were one of those 10 lines derived from naturally
dead embryos. None of the 10 lines were sta-
tistically different in any way when 7 dif-
f erent characteristic experiments were
conducted. The take home mes-
sage is that there is no difference between
our 3 lines, the 3 lines derived from naturally
dead embryos and other 7 lines which were
derived from donated embryos.

So there you have it clearly and pre-
cisely stated that we have active em-

bryonic stem cell lines under research
and funded by the NIH derived from a
naturally dead embryo that did not in-
volvement the destruction of a viable em-

bryo.

With the passage of S. 30, you imme-
diately have the opportunity, and NIH is
immediately directed to develop guidelines
for the furtherance of additional em-

bryonic stem cell research on stem
cells derived from those lines.

Now, there are a number of other dis-
tinguished and learned people who have
written about the lines and their viability, among them Sandii
Brimble and Yongquan Luo. Mr. Luo is
at the Laboratory of Neuroscience, Na-
tional Institute of Aging, Department of
Health and Human Services, in Bal-
timore, MD, who wrote:

Lines B601, B602, and B603, which are
three of those lines currently in investing in that
were derived from naturally dead embryos, are
therefore independent, undifferentiated,
and pluripotent lines that can be maintained
without accumulation of karyotypic abnor-
malities.

It took me a long time to practice
saying those last two words, but I fi-
nally got through it. The point being
that they are viable as capable of be-

ing pluripotent and as rich for scientific research as those cells that would have been
derived from a destroyed embryo.

In addition, I wish to quote from an
article called Embryonic Death and the
Ethics of Stem Cell Research, written by Dr. Donald W. Landry
and Howard A. Zucker of Columbia
University. I read as follows:

We propose herein a paradigm for research
involving embryos that protects human life,
and is consistent with Federal policy, and yet ad-
vances the interests of biomedical science
and therapeutic innovation.

That is precisely quoting the defini-
tion of natural death for embryos as
the threshold for which that should go
forward.

In terms of making “naturally dead”
a term that is understandable, this bill
defines “natural death” in regard to
embryos as the same acceptable way
that death is defined in all 50 States of
the United States of America. In my 30
years of public life, I have been
through a number of ethical debates—
the “living will” debates of the 1970s
and the “durable power of attorney,”
where we tried to legislate how you,
Mr. President, or I could give an ad-
avance directive could or
could not do to me when I came to be
in an incapacitated state, and we fi-
nally decided that an irreversible ces-
sation of brain waves would be a clini-
cal definition upon which that thresh-
old can take place.

A “naturally dead” embryo is an em-
bryo that, after the seventh day, has
ceasing of the division of cells. It no
longer can be implanted and become an
embryo, but the cells that remain are
viable, just as my heart, liver, kidneys,
pancreas, intestines, and my blood cells have an irreversible cessation of brain waves. It
is that precedent which established all
the organ transplants we do in America
today—the gift of life that is given after the loss of life and the irrevers-
ible cessation of brain waves. This is,
clinically, as Dr. Landry and Dr.
Zucker have said, precisely the exact
way to deal with the ethics and the mora-

lity of embryonic stem cell re-
search because it is the ethical way for
that embryo that cannot become a
human being to donate cells to become
pluripotent embryonic stem cells as it is
for a directive to determine that
organ can be transplanted from some-
other injury. It is harmless and irre-
versible cessation of brain waves. It is
scientific. It is ethical. And it is precise.

I submit the President of the United
States has said he would—actually did
last year—veto a bill similar to the one
introduced by Senator HARKIN. The
President said he will veto it again.

Senator SPECTER, in his compassionate
remarks and passionate remarks,
acknowledged that the number of votes
necessary to override a veto did not exist
in the U.S. House of Representa-
tives.

If, in fact, it is a matter of not if but
when, with the adoption of S. 30, we
can make the change, we can see to it
that the promise of embryonic stem
research goes forward. The ethical
lines that are the dilemma that exists
today in the United States of America are not crossed.

There is a human face on the desire
to further that research. I think of
the face of a friend of mine, like
former Senator Kip Klein, who suffers
from Parkinson’s and who has been an inspiration to me to find methods like
this; and Cindy Donald, a beautiful
lady who tragically was injured in an
automobile accident and lost her abil-
ity to walk. There is hope and promise
in centers such as the Shepherd Spinal
Center in Atlanta which deals with
tose terrible injuries to the spinal
cord. There is the hope to see to it that
those who suffer from stroke and ju-
venile diabetes can, in fact, find a cure
that is possible and within our reach.

To that end, at the University of
Georgia today, which I have already re
ferred to a number of times, that re-
search on embryonic stem cell research
for the curing of diabetes is taking
place. It is taking place in a laboratory
and under the direction of eminent
scholars, one of whom is Dr. Steven
Stice, one of America’s leading schol-
ars today, and one of America’s biomedi-
cal researchers who himself introduced me
to this method, given his recognition of
the ethical considerations and his
desire and hope to bring promise and
hope to the future of those who suffer.

I submit that the Coleman-Isakson
bill, S. 30, is a road for us to walk
proudly down, that enhances and ad-

vances, immediately, research into em-

bryonic stem cell cures while at the
same time respecting the ethical, sci-

entific, and moral concerns that exist
today.
mors growing from them. They say we have to support adult stem cell because that is where the work is being done, that is where the breakthroughs are happening. Of course, other scientists come back and say, rightfully so, that adult stem cells do not have the plasticity, the pluripotency of embryonic, and so that is not the way. The question is, Is there a third way? Is there a way to get past the culture wars, to get past the great divide we have?

The problem is, is that country who believe passionately that Federal dollars should not be used for research which involves the destruction of a human embryo, who believe very passionately about that. There are others who say the cause of science is so great, the size of this embryo is so small, the hope we have to offer is so great, we need to move forward. There is a divide. The reality today is, with policy as it is, if the Harkin-Specter bill passes—which I presume it will, probably overwhelmingly it will pass—and a similar bill is passed in the House and ultimately we work out the language and the President will sign it, as my colleague from Pennsylvania recognizes, there are not enough votes to override the veto, at the end of the day of January 1, 2006, there will still not be more than $132 million spent on human embryonic pluripotency research.

The question is, Is there another way? Senator Isakson has talked about another way. He talked about dead embryos. My colleague from Iowa dismissed it: Dead embryos, what does that mean?

My colleague explained it well, that embryonic stem cells produced by that method have the same pluripotency, the same capacity as other embryonic stem cells, but they do not cross the moral line.

Within S. 30, there is the point of doing other kinds of research that does not cross the line, so-called altered nuclear transfer. Later I will, perhaps, put up some charts to show how it works, but very simply, if you think about it, science 101, take an egg and sperm, they come together, create an embryo, become a person—one of the pages here or a Senator or mom and dad sitting somewhere. Then what we do with altered nuclear transfer—actually, by the way, if you relate it to cloning, it is not cloning, but if you think of the concept of cloning, you take an egg, put some genetic material from an adult in there, and it becomes a person. Practically, we had Dolly the sheep, so we know that works. Altered nuclear transfer basically says take that genetic material, take that stem cell, and before you put it in there, you program the egg so it doesn’t create an embryo but creates a tissue mass which has the same pluripotency, the ability to do all the other things any other embryonic stem cell would do.

I have a series of letters from scientists who say this should work. I will quote:

Research results suggest that Altered Nuclear Transfer may be able to produce human pluripotent stem cells—the fundamental equivalent of embryonic stem cells—in a manner that is simpler and more efficient than current methods.

That is by Hans Schoeler, chairman of the Department of Cell and Developmental Biology at the Max Planck Institute in Germany. Recently, multiple labs in the United States and around the world have published or reported experiments in which adult cells were converted, not to embryos, but directly to pluripotent "embryonic" stem cells from embryos. The techniques used have included nuclear transfer, fetal fusion and chemical reprogramming. The results were obtained from the top scientists in the field and published in the best journals.

That is by Markus Grompe, M.D., Oregon Stem Cell Center.

One last quote:

I think that current scientific evidence and reasonable expectations make it likely that altering donor nuclei through artificial organization of any subsequent blastocyst is technically feasible and consistent with the scientific and medical goals of embryonic stem research.

That is by Lawrence S.B. Goldstein, Ph.D., Department of Cellular and Molecular Medicine at the University of California, San Diego.

Much of the work is from a doctor, Dr. William H. Hurlbut, over at Stanford, the Neuroscience Institute at Stanford. I worked with him. He has published a lot on this issue. I ask unanimous consent to have printed in the RECORD a presentation by Dr. Hurlbut entitled "Stem Cells, Embryos and Ethics: Is There a Way Forward?"

There being no objection, the material was ordered to be printed in the RECORD, as follows:

STEM CELLS, EMBRYOS AND ETHICS: IS THERE A WAY FORWARD?

(By William B. Hurlbut, M.D., University of Notre Dame, Neuroscience Institute at Stanford, Apr. 13, 2006)

We are at a crucial moment in the process of scientific discovery. Major advances in molecular biology throughout the 20th century have culminated in the sequencing of the human genome and increasing knowledge of cell physiology and cytology. These studies were accomplished by breaking down organic systems into their component parts. Now, however, as we move on from genomics and proteomics to discoveries in developmental biology, we have returned to the study of living beings. When applied to human biology, this inquiry reveals the most fundamental questions concerning the relationship between the material form and the moral meaning of developing life.

The current conflict over ES cell research is just the first in a series of difficult controversies that will require us to define with clarity and precision the moral boundaries we seek to defend. Human-animal Chimeras, parthenogenesis, projects involving the laboratory production of organs—and a wide range of other emerging technologies will continue to challenge our definitions of human life. These are not questions for science alone, but for the full breadth of human wisdom and experience.

The scientific arguments for going forward with this research are strong.
The convergence of these advancing technologies is delivering unprecedented powers for research into the most basic questions in early human development.

...Beyond the obvious benefit of understanding the biological factors behind the estimated 150,000 births with serious congenital defects per year, it is becoming increasingly clear that certain pathologies that are only manifest later in life are influenced or have their origins in early development.

...Furthermore, fundamental developmental processes (including the formation and functioning of stem cells), and their disorders, need to be worked on in a range of adult pathologies including some forms of cancer.

...Yet from the moral and social perspective there is reason to be concerned. This is especially so in the case of the procurement of embryonic cells, some fear the industrial scale production of living human embryos for a wide range of research in natural development, toxicology and drug testing.

...Lord Alton, a member of the House of Lords, is one of the more prominent voices arguing against stem cell research. He has estimated that over 100,000 human embryos have already been used in scientific experimentation in Britain.

...Beyond that, there is concern about the commodification and commercialization of eggs and embryos, and worry about the implications of ongoing research to create an artificial endometrium (a kind of artificial womb) that would allow the extracorporeal gestation of cloned embryos to later stages for the production of more advanced cells, tissues and organs.

...Furthermore, from a social perspective, do we really want to have red state medicine/blue state medicine? The emerging patchwork of policies on the state level threatens to create a situation in which a large percentage of patients will enter the hospital with medical qualities about the foundation on which their treatments have been developed.

...What was traditionally the sanctuary of compassionate care at the most vulnerable and sensitive time of human life is becoming an arena of controversy and conflict

...Clearly, both sides of this difficult debate are defending important human goods—both sides claim the right to life for the embryo. A purely political solution will leave our country bitterly divided, eroding the social support and sense of noble purpose that is essential to the growth of human science. While there are currently no federally legislated constraints on the use of private funds for this research, there is a consensus in the scientific community that without NIH support for newly created embryonic stem cell lines, progress in this important realm of research will be severely constrained.

...The current conflict in the political arena is damaging to science, to religion and to our larger sense of national unity. The way this debate is proceeding is, in my opinion, completely contrary to the positive pluralism that is the strength of our democracy.

...What we need to do is to draw back from the polarized positions of political rhetoric and to respectfully reflect on the meaning of the moment we are in.

...In the spirit of such a dialogue, and in the hope that it might lead us toward a resolution of our difficult national impasse over embryonic stem cell research, I offer the perspective that follows.

MORAL MEANING OF EMERGING LIFE

Any evaluation of the moral significance of human life must take into account the full procession of continuity and change that is essential for its development. With the act of conception, a new life is initiated with a distinct genetic endowment that organizes and guides the development of a unique and unrepeatable human being.

...The gametes (the sperm and egg), although alive as cells, are not living beings: they are not intrinsically disposed to become parents. The joining of the gametes brings into existence an entire different kind of entity, a living human organism. With regard to fundamental biological and moral significance, the act of fertilization is a leap from zero to everything.

...In both structure and function, the zygote (the one-cell stage) subsequent embryonic stages differ from all other cells or tissues of the body: they contain within themselves the organizing principle for the developmental potential of a human being. The very word organism implies organization, an overarching principle that binds the parts and processes of life into a harmonious whole. As a living being, an organism is an integrated, self-developing and self-maintaining unity under the governance of an immanent plan.

...This argument presupposes an inherent potency, an engaged and effective potential with a drive in the direction of the mature form. By its very nature, an embryo is developed in wholeness as defined by both its manifest expression and its latent potential; it is the phase of human life in which the ‘whole’ (as the unified organism) begins to produce and produces its organic parts. The philosopher Robert Joyce explains: ‘Living beings come into existence all at once and then gradually unfold to themselves the world that they already but only incipiently are.’ To be a human organism is to be a whole living member of the species Homo sapiens, with a human essence evident in the intrinsic potential for the manifestation of the species typical form. Joyce continues: ‘No living being can become anything other than what it already essentially is.’

...It is this implicit whole, with its inherent potency, that endows the embryo with continuity of human identity from the moment of conception and therefore, from this perspective, inviolable moral status. To interfere in its development is to transgress upon life in process. Of this analysis applies to any entity that has the same potency as a human embryo produced by natural fertilization, regardless of whether it is the product of IVF, cloning, or other processes.

...Accrued moral status

...The major alternative to the view that an embryo has an inherent moral status is the assertion that moral status is an accrued or accumulated quality related to some dimension of morphology or function.

...The three arguments currently given in support of this view by embryo research—lack of differentiation, lack of individuation and pre-implantation stage—are based on a kind of ‘received tradition’ that dates back to the 1860 Warlock Commission in the UK. But this commission explicitly acknowledged the continuous nature of embryonic development, stating: ‘There is no doubt that the whole process that is more important than any other.’ In a recent memoir, Mary Warnock discussed the utilitarian grounding of her commission’s argument for the proposition that her committee’s task was ‘to recommend a policy which might allow the sort of medical and scientific progress which was in the public interest. Furthermore, embryology do not support this commission’s conclusions.

...The argument on differentiation is based on the idea that before gastrulation (which begins around the 12th to 14th day with the formation of the primitive streak), the embryo has an inherent drive to become actuated in the direction of distinct development.

...This is based on the undifferentiated quality of the blastocyst (the 4-5 day embryo) justifies its disaggregation for the procurement of stem cells, while the evident organogenesis of the gastrulation stage justifies its minimal integrity that endows inviolable moral status to all subsequent stages of embryological development.

...Scientific evidence, however, supports the opposing argument—that from conception there is an unbroken continuity in the differentiation and organization of the emerging individual. The primary axis appears to be already established within the zygote (the one-cell stage); the earliest embryonic cell divisions (at least at by the 4 cell stage) exhibit differential gene expression; the unequal cytoplasmic concentrations of cell constituents in the early embryo suggest distinct cellular fates.

...All this implies that the changes at gastrulation do not represent a discontinuity of ontological significance (a change in the being), but rather the evident culmination of more subtle developmental processes at the cellular level that are driving in the direction of organizational integrity.

...These new scientific perspectives were documented in a July 2002 article in Nature: ‘The mammalian body plan starts being laid down from the moment of conception... a surprising shift in embryological thinking.’

...Twining

...Another argument for accrued moral status is that as long as it is possible to give rise to a twin it cannot be considered to have the moral standing of an individual.

...Yet monozygotic twinning, which occurs in just one in 240 births, does not appear to be either an intrinsic drive or a random process within embryogenesis. Rather, it results from a disruption of normal development by a mechanical or biochemical disturbance of fragile cell relationships. This provokes a compensatory repair, but with the restitution of integrity within two distinct trajectories of embryological development.

...In considering the implications of twinning for individuation, one might better ask the question that speaks to the potencies that keep each of the cells of the early embryo from becoming a full embryo? Clearly, crucial relational dynamics of position and indeterminacy commensurate with only one body already at work establishing the unified pattern of the emerging individual.

...From this perspective twinning is not evidence of the absence of an individual, but of an extraordinary power of compensatory repair that reflects more fully the potency of the individual drive to fullness of form even in the earliest stages of embryonic human life.

...Implantation

...Some have argued that the implantation of the embryo within the uterine lining of the mother constitutes a moment of altered moral status.

...Fertilization occurs in the fallopian tubes. The oocyte is carried past the fallopian tubes and begins to implant in the uterine wall around the 6th-7th day. All along this journey the diffusion of essential nutrients and growth factors sustains the embryo and nourishes the growth of the developing embryo.

...Implantation and the development of the placenta simply extend this relationship between the organism and its supporting uterine circulation as the embryo gets too large to be nourished by direct diffusion.
Implantation, then, must be viewed as just another step in a continuum of ongoing interdependent processes, all occurring along the trajectory of natural development that begins with the fertilization of an egg cell and ends when the child is born. This continuity implies no meaningful moral marker at implantation.

Function

Most other arguments relate in some way to the onset of a specific function or capacity. Arguments for a change in moral status based on function are at once the most difficult to defend and the most dangerous. The first and most obvious problem is that the essential functions (and even their minimal criteria and age of onset) are diverse and arbitrary, essentially derived from an appeal to the onset of awareness of pain, or the functional capacities in animals that we routinely sacrifice for food and medical research.

The second and perhaps more disturbing ethical question is: How can people maintain the utmost respect for human life when one can definitively designate the biological moment at which the promise of a happy baby, is now relegated to the category of mere matter, raw material in a larger program of scientific progress? However much we may agree or disagree with the process that put them there, we should acknowledge that this is a difficult dilemma. Produced with a healing purpose, the good intentions of overcoming the sorrow of infertility are run adrift on the tides of one's response to a project of a completely different character. Some say that if there is a moral problem it is upstream, in the process that put them there, and elsewhere destined to die, what further harm can be done? As a pragmatic people, many Americans feel the weight of this argument. And, in the rush to develop a non-invasive alternative method for obtaining source of embryonic stem cells, I suspect that is where our national policy may settle. Yet even if use of these embryos becomes acceptable, there will be those who are uncertain of something more complicated that is below the surface: there has been a slow but steady shift in our underlying attitude toward human life from a view of the 2-week embryo as a center of comprehension and control over our most basic biology, there is a transformation, not just in our physical being, but in our whole sense of who we are, and of our place and purpose within the natural order.

As we take increasing instrumental control over natural life processes our attitude changes and we lose the sense of caution, reverence and respect. With each step, however benevolent the initial intention, there will be a new layer of matter and history, and something that breaks the coherence and natural connections of life. With each step, the original radiance and vitality of the cosmos, a concept shared by all sentient beings, is transformed. But all of these concerns, are, are obscured by the conviction that all of living nature is mere matter and information, to be reshuffled and reassembled for the projects of the human will. This instrumental use of life reaches its most ominous extension as we relegate the human embryo to the status of a resource, as we replace the natural matrix in the process that put them there, we are, and of our place and purpose within the natural order.

As we descend into an instrumental use of human life we destroy the very reason for which we were undertaking our new therapies. We degrade the humanity we were trying to heal.

In-UTero Fertilization Embryos

This brings us to the dilemma of the moral status of an estimated one million embryos left over from in vitro fertilization (IVF). Created to give life, they are now suspended in time and space and the uncertainty of a conflicted future.

In this canister in the Assisted Reproduction Technologies clinic at Stanford are 300 embryos. The water in their cells has been replaced with glycerol and they are immersed in liquid nitrogen at a temperature of minus 200 degrees Celsius. (I joke with my friend, the director of the lab, that this must be the hottest place in human history.) But the future of these embryos is a poignant problem. In some cases, such embryos have been implanted as long as twelve and a half years after freezing, including one born seven and a half years after its own birth. In other cases, there have been custody battles over these tiny human beings even when there is actually a dispute over inheritance when a wealthy couple died in an airplane crash and left several embryonic hieries with numerous couples that were supposed to be there to assist them. But most of these one million frozen embryos do not have such privileged prospects. They are castoffs, destined to be discarded or disaggregated in the service of medical science.

And this is a warning to us of how even the best intentions of our science, best intentions of our science, best intentions of our science, are obscured by the conviction that all of living nature is mere matter and information, to be reshuffled and reassembled for the projects of the human will. This instrumental use of life reaches its most ominous extension as we relegate the human embryo to the status of a resource, as we replace the natural matrix in the process that put them there, we are, and of our place and purpose within the natural order.

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This instrumental use of life reaches its most ominous extension as we relegate the human embryo to the status of a resource, as we replace the natural matrix in the process that put them there, we are, and of our place and purpose within the natural order. Will we now retreat and override this decision—or is only embryonic stem cell research perilous to its long-standing federal policy? Furthermore, even if we endorse this course of action, the promise of stem cell research embryos will not hold since it does not stand up to logical argument. As discussed above, the designation of fourteen days as the moral boundary for embryo experiments is in the category of a "received tradition," almost a superstition in the sense that it is a belief in a change of state without a discrete source. As a moral principle, days makes no sense, it is arbitrarily set and therefore vulnerable to transgression through the persuasive promise of further scientific benefit.

Beyond Cells

And it is becoming increasingly apparent that the promise of stem cells lies beyond simple cell cultures and cell replacement. From the fetal realm, growth of more advanced cell types and even tissues, organs, and possibly limb primordia. Producing such complex tissues and organs may require the in vitro assembly of environments now available only through natural gestation. And this is a warning to us of how even the best intentions of our science, best intentions of our science, best intentions of our science, are obscured by the conviction that all of living nature is mere matter and information, to be reshuffled and reassembled for the projects of the human will. This instrumental use of life reaches its most ominous extension as we relegate the human embryo to the status of a resource, as we replace the natural matrix in the process that put them there, we are, and of our place and purpose within the natural order.

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patient specific tissue types to bypass problems of immune rejection would further extend the logic of the instrumental use of developing life.

The pressure that has already been brought to bear on the politics of stem cells and cloning by patient advocacy groups has provoked such a sense of promise that it may propel the property of such a "faux" branch nature without allowing such gestation of cloned human embryos.

Over the past four years, I have talked with hundreds of people, including many scientists, who say that they would find such a practice, (that is, the implantation of a cloned embryo) acceptable to save the life of a dying child. One must admit that this is a certain perverted logic to this argument.

WHITE PAPER

In light of the arguments given above that human moral worth is based on a continuity of embryonic life and therefore to the natural death, it would seem that we are at an irreparable impasse. If embryonic stem cells can be obtained only by the destruction of human embryos, then this is, in fact, the case. But last May a White Paper by the President's Council on Bioethics suggested otherwise. This report describes four possible means of obtaining embryonic stem cells without the creation and destruction of human embryos.

As the author of one of the proposals, Altered Nuclear Transfer, I would like to draw on this to discuss the scientific advances and moral reasoning that may lead us to a technological solution to our national conflict.

ALTERED NUCLEAR TRANSFER

As described above, natural conception signals the activation of the organizing principle for the self-development and self-maintenance of the full human organism. In the language of systems biology, this capability is termed "totipotency," the capacity to form the complete organism. A naturally fertilized egg, the one cell embryo, is totipotent.

In contrast, the term "pluripotency," designates the capacity to produce all the cell types of the human body but not the coherent and integrated unity of a living being. Embryonic stem cells are merely pluripotent. This is a difference between the material parts and the living whole.

Altered Nuclear Transfer would draw on the basic technique of SCNT (popularly known as "therapeutic cloning") but with an alteration such that pluripotent stem cells are produced without the creation and destruction of totipotent human embryos.

In standard nuclear transfer the cell nucleus is removed from an adult body cell and transferred into an egg cell that first has its own nucleus removed. The egg then has a full set of DNA and, after it is electrically stimulated, starts to divide like a naturally fertilized egg. This is how Dolly the sheep was produced.

Altered Nuclear Transfer uses the technology of nuclear transfer but with an essential alteration that assures that no embryo is created. The adult body cell nucleus or the enucleated egg's contents (or both) are first altered before the adult body cell nucleus is transferred into the egg. The alterations cause the adult body cell DNA to function in such a way that no embryo is generated, but pluripotent stem cells are produced.

There is a natural precedent for such a project. Fertilization signals the activation of the organizing principle for the self-development of the full human organism, yet there are first alterations before the adult body cell or the enucleated egg's contents (or both) are produced.

Different people have different limits to the duration of gestation they find morally acceptable, but in light of the current sanction of abortion up to and beyond the end of the second trimester, it is difficult to argue that creation, gestation and sacrifice of a clone to save an existing life is a large leap in the logic of justification. The argument is made that if abortion is legal, that is, as a development can be terminated with no reason given, then why not for a good reason? One must admit that this is a certain perverted logic to this argument.

FAILURES OF FERTILIZATION

It is important to realize that many of these naturally occurring failures of fertilization may still proceed along partial trajectories of organic growth without being actual organisms. For example, certain grosly abnormal karyotypes (including haploid genomes, with only half the natural number of chromosomes) will form blastocyst-like structures but will not implant.

Even an egg nucleus, when artificially activated has the developmental power to divide to the eight-cell stage, yet clearly is not an embryo—or an organism at all. Their inability to attach and implant drives these early cell divisions is generated during the maturation of the egg and then activated after fertilization. Like a spinning top, the cells contain a certain biological momentum that propels a partial trajectory of development, but unlike a normal embryo they are unable to bootstrap themselves into becoming an integrated and self-regulating organism.

Some of these aberrant products of fertilization that lack the qualities and characteristics of an organism may be capable of generating ES cells or their functional equivalent. Mature teratomas are benign tumors that generate all three primary embryonic cell types as well as more advanced cells and tissues, including partial limb and organ primordia—and sometimes hair, fingernails and even fully formed teeth. (The mouse teratoma is in this x-ray are adult-size molar.) Yet these chaotic, disorganized, and nonfunctional masses are like a bag of jumbled puzzle pieces that do not fit together. The structural and dynamic character of organisms. Neither medical science nor the major religious traditions have ever considered these growths to be "new beings" worthy of protection, yet they produce embryonic stem cells.

These benign ovarian tumors, appear to be derived by spontaneous development of activated eggs. The disorganized character of teratomas appears to arise, not from changes in the DNA sequence, but from genetic imprinting, an epigenetic modification that affects the pattern of gene expression (keeping some genes turned off and others on). In natural reproduction the sperm and egg have different biological personalities: the sperm is a "y" chromosome, the egg is a "x" chromosome. The normal sperm enters the egg, and the resulting zygote develops into a new individual. But in the process of imprinting, allowing a coordinated control of embryological development. When an egg is activated without a sperm, the embryo (and later the extra-embryonic membranes, including the placenta). The cell forms the "inner cell mass" which is the source of embryonic stem cells. By selective silencing of Cdx2, the authors were able to produce an unorganized mass composed exclusively of cells with the character of inner cell mass.

This is the organic equivalent of a model airplane kit without the glue, you have parts but no capacity to form a coherent whole.

The gene Cdx2 has been shown in mouse model experiments in which he produced many functional embryonic stem cells, or separately produced, may temporarily proceed forward in development. But without the coherent coordination and robust self-regulation of the full organism, they will ultimately become merely disorganized cellular growth.

ANT proposes that small, but precisely selected alterations will allow the harnessing of partial developmental trajectories apart from their full natural context in order to produce ES cells.

Cdx2

Altered nuclear transfer is a broad concept with a range of possible approaches; there may be many ways this technique can be used to accomplish the same end.

One variation involves the deletion or silencing of a gene essential at the most primary level of coordinated organization. As described in a January 2006 paper in the journal Nature, stem cell scientist Rudolf Jaenisch has established the scientific feasibility of this approach in a series of dramatic mouse model experiments in which he produced ten functional embryonic stem cells from a laboratory construct that is radically different in developmental potential than a normal embryo. Using the technique of RNA interference, he was able to reversibly silence the gene Cdx2 in the donor nucleus before nuclear transfer to the enucleated egg. In a study just two months ago in the journal Science suggests that it may be possible to achieve the goals of ANT through the preemptive silencing of Cdx2. It is possible to use even before the act of nuclear transfer, thereby producing the biological (and moral) equivalent of an inner cell mass tissue culture. This article showed that for Cdx2, mRNA was present in the egg and asymmetrically distributed in the first cell division after fertilization. This asymmetric distribution of Cdx2 directs the cells at the two-cell stage to form two distinct cell lineages. One of the cells at the two-cell stage goes on to become the trophectoderm and forms the outer layer of the blastocyst (and later the chorionic membranes, including the placenta). The other cell forms the "inner cell mass" which is the source of embryonic stem cells. By selective silencing of Cdx2, the authors were able to produce an unorganized mass composed exclusively of cells with the character of inner cell mass.

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to sing a duet with only one voice. The co-ordinated interactions that are essential for embryonic development are simply not possible. Nonetheless, an inner cell mass is produced, which contains embryonic stem cells can be extracted.

It is important to recognize that the improper use of embryos is tantamount to not properly considering a deficit within a part but rather a failure in the formation of the whole. An early embryo does not have parts that make sense as an adult organism or even as a later-stage embryo just a few days or weeks later. Natural embryogenesis is, by definition, the period during which, as the organism's pattern of internal organogenesis. An embryo does not have a central integrating part like the brain; rather, the essential being is the whole being. At this stage, a critical "deficiency" is more rightly considered an "insufficiency," not a defect in a being, but an inadequacy at such a fundamental level that it precludes the coordinated coherence and developmental potential that are the defining characteristics of an embryonic organism. In testimony to a U.S. Senate Committee on stem cell research, Dr. Jaenisch stated: "Because the ANT product lacks essential properties of the fertilized embryo, it is not justified to call it a embryo.'

Many scientists, moral philosophers and religious authorities (including some of the most conservative evangelical and Catholic leaders) have expressed strong encouragement for further exploration of this project. Of course additional animal studies, including some with non-human primates must precede any use of these findings into practice with human cells.

ADVANTAGES OF ANT

ANT, in its many variations, could provide a uniquely flexible tool and has many positive advantages that would help advance stem cell research.

—Unlike the use of embryos from IVF clinics, ANT would produce an unlimited range of genetic types for the study of disease, drug testing and possibly generation of therapeutic cells.

—By allowing controlled and reproducible experiments, ANT would provide a valuable research tool for a wide range of studies of gene expression, imprinting, and intercellular communication.

—Furthermore, the basic research essential to establishing the ANT technique would advance our understanding of developmental biology and might serve as a bridge to transcendent technologies such as direct reprogramming of adult cells.

—Most important, as a direct laboratory technique, ANT would unburden embryonic stem cell research from the additional ethical concerns of the "left over" IVF embryos, including the attempts of clinical and legal competencies in this realm of great personal and social sensitivity.

The one remaining link with IVF, the procurement of oocytes, is a subject of intense scientific research and there appear to be several prospects for obtaining eggs without the need for the hormonally induced super-ovulation of female patients. These include the use of eggs left over from IVF, the laboratory maturation of eggs from ovaries removed after surgical removal or from cadavers, and possibly the direct production of eggs from embryonic stem cells (a feat already accomplished with mice and rats).

CONCLUSION

We are at a crucial moment in the progress of science and civilization. Advances in biology have delivered new powers with extraordinary potential for positive application in both basic research and clinical medicine. Yet, at the same time, these new possibilities challenge the most fundamental moral principles on which our society is based. Clearly, both sides of this difficult debate over embryonic stem cell research are destined to remain divided for some time to come. Without a resolution that sustains social consensus, there will be a series of continuing conflicts as our science challenges us with further dilemmas at the boundaries of human life.

The English author G.K. Chesterton had a metaphor that may inform our current situation. Unlike the form of a single source on an island, but at the very edges of the field cliffs go down hundreds of feet to the waves crashing against the rocky shore. The boys are playing, but only in the middle twenty yards—no one wants to do a corner kick. Then someone comes and builds a sturdy fence right at the edges of the field: now they can play within the full field without fear of falling off the cliff.

Our current conflict is like this: science is stalled across a broad front. If we can define with clarity and moral boundaries we are trying to defend, we might open a wider arena of legitimate study without fear of the grave dangers posed by the basic moral structure of our civilization. In provoking just such reflection and clarity of definition, the proposal for Altered Nuclear Transfer sets the foundation for a positive future of scientific advance.

Yet, some will say, "how can such a tiny clump of cells hold such significance?" But size is not a moral meaning. It is true, from here these cells are barely visible. But from here one cannot see the people. And from here one cannot see the earth. And from here one cannot even see our galaxy.

Three hundred years ago the French philosopher-mathematician Blaise Pascal noted that human existence is located between infinities—between the infinitely large and the infinitely small. He went on to say "By size I mean the size of the universe which might be the shape of a dot: by thought I encompass the universe." But what kind of thought could encompass the universe? That thought must be a moral thought—that thought must be love.

C.S. Lewis once said that we should answer all of our problems with more love, not less. That precious love that nourished and sustained each one of us in the early dawn of our unfolding form. Now, as we prepare to enter the future with the new powers of our scientific understanding, we should remember the words of St. John of the Cross: "In the evening of life, we will be judged by love."

We are all aware of how divisive this issue has been. I believe that there are areas of common ground where people can come together and reconcile what appear to be two opposing opinions. This is not a field on which I have built my legislation.

The HOPE Act is the only bill up for debate which would not be in danger of a Presidential veto. This means that my bill is the only way we can actually move the science forward for at least the next two years. Although the White House could change their policy at any time, they haven't. Currently, only 20-21 lines are eligible, down from an original 60.

There are already several methods proposed for deriving pluripotent cells without harming human embryos.

Research involving ANT, naturally dead embryos or single cell biopsy has never before received Federal funding. Our bill would allow these methods to be considered for Federal funding and specifically direct the NIH to establish guidelines to carry out this research. Similar guidelines or requests for research proposals, RFPs, do not currently exist.

Additionally, my bill provides funding to start the process of developing a stem cell bank. By opening banks to store amniotic and placental cells, this bill will make available a greater variety of stem cells. Different types of stem cells are used in different types of treatments. Anthony Atala has told us that "So far, we've been successful with every cell type we've attempted to produce from these stem cells. The AFS cells can also produce mature cells that meet tests of function, which suggests their therapeutic potential." Bottom line—This bill moves the United States one step further towards widespread use of stem cells for treatments for a variety of diseases.

Opponents tell us that this bill doesn't do anything new. This is just not true. In addition to what I've mentioned above, there is scientific proof that these alternatives can create quality, new embryonic stem cell lines.

In fact, one of these methods, using naturally dead embryos already produced at least one new embryonic stem cell line which is currently available in a stem cell bank and under your
bill would now be eligible for Federal funding. Donald Landry, Chief of the Division of Experimental Therapeutics at Columbia University, says that increasing the number of stem cell lines created this way would be just a matter of effort.

According to this well-respected researcher, there could be a continuous supply of new embryonic stem cell lines using stem cells derived from naturally dead embryos. The same could be said for other methods.

When the dust clears, The HOPE Act is the only bill up for consideration which will give the American public new research for their tax dollars. Under this Act, a continuous supply of pluripotent stem cell lines would be available for Federal funding.

We are at a point where there is this great debate in this country over, not the issue of stem cell research but, simply, the source of the stem cells and then the Federal funding of the stem cells. That is the reality. That is where we are today. What Senator Isakson and myself and other colleagues are offering is a way forward, a way to move the science forward, a way to avoid the culture wars. It is not everything my colleagues who support S. 5, if that would have passed and become law, would have, but S. 5 for me, dear Senator Isakson, that line, so we can’t support it, but we want the research to move forward.

The reality is the science is moving so much faster than the politics here. The science is putting us in a position where we should explore the benefits of embryonic research and pluripotent stem cell research without having to cross the moral line. So if S. 30 is passed, the President has said he will not veto S. 30. If S. 30 becomes the law, then, in fact, the amount of Federal dollars available for human embryonic pluripotency research will be far greater than what we have today.

For those out there who are looking for hope and that is what we call for bill, HOPE—it is hope offered through principled ethical stem cell research. For those who are looking for hope, we are offering some hope. It is not everything. It is not everything that all desire in the area of stem cell research. But the reality of so much of what we are dealing with in stem cell research is about theory. It is about hope.

Let’s offer the hope. There is hope of what embryonic stem cells can do. My colleague from Iowa, when he was discussing dead embryo research, said it may take 10 years for that to pan out. Stem cell research of any kind, I have to tell the folks out there, may take 10 years or more. I am not hearing scientists within the community over the next couple of years we are going to have those therapies which will cure juvenile diabetes or cure ALS or change the situation. We are talking about looking down the road. We are talking about research opportunities in which we want to provide hope. We believe that is the right thing to do.

So my message to my colleagues who support S. 5—my colleague from Arkansas and from Iowa, who talked about the pain, the suffering, the loss of every door we can—I think we need to push all of them. Well, S. 30 opens a door. It opens a door without crossing the cultural line. It keeps us from being involved in the midst of the battle between those who support embryonic stem cell research and those who support only adult stem cell research. It offers a third way: It offers real dollars and real hope and an opportunity to see if we can make progress. That is our goal.

To my colleagues who support S. 5, at the end of the day if all you do is vote for S. 5, you will cast a vote I am sure in your heart you will feel will be principled, the right message, the right thing to do. But the reality is the story of effort. You are not going to be offering the hope, you will have offered a political statement, but we need to do more.

What Senator Isakson and I have tried to do is offer the opportunity to do more, to say, yes, we will move the science forward. There are going to be critics who say it can’t be done. Science is fascinating. Oftentimes it is ‘my way or the highway.’ Embryonic stem cells, that is the way; adult stem cells, that is the way; autonuclear transfer, that is the way.

I am not a scientist; I just want to move it forward. I understand we are operating in a world where it is about hope. Let’s open this door. Let’s put aside the cultural battles and the cultural wars.

One last observation, if I may. The Senator from Iowa talked about trying to put this in context, and said, you know, look at the size, what we are dealing with. This embryo—this is a pin. That is small. What is the value of that? I like what Dr. Hurlbett’s work. I can show you the next picture here. You know, if you are on the Moon and you are looking at this from there, this would be kind of small. Then if you are standing—by the way, from here, these people would be about the size of a pin.

Now we are kind of looking at the Earth from far away. If you are looking at that, by the way, from the galaxy, boy, that would be very small. If you are looking from the looking from the universe, this would be very small. It is not about size. We are dealing with the human embryo, and there is a moral question some of us want to ask and say that there is a line, but in doing that we want the research to go forward, we want to offer hope, we want to offer opportunity, we want to use science as best we can.

S. 30 offers that opportunity. I would hope all of my colleagues on all sides of this issue would come forward. Some would say, it is not all we want, but we are moving the science forward. Let’s do that. And in the end, hopefully real hope will be given and real cures ultimately will be found, and we will have done it in a way that does not engage the cultural wars, does not cross the line that some do not want to cross, but in the end makes real progress with real science.

I yield the floor.

The PRESIDENT pro tempore of the Senate, the Senator from Iowa is recognized.

Mr. GRASSLEY. Mr. President, I wish to explain to my colleagues why I won’t vote against S. 30, that is the present form, and I believe it will probably be in its present form as we vote on it.

We in Congress are petitioned every day by individuals, by families, by companies, by interest groups, and other entities that have a stake in the next step of the embryonic futures. We were elected to this great body to represent people back home, and to provide reasonable solutions to everyday problems that we confront here in the Congress.

I meet people in Iowa every week who seek cures for different diseases and different disorders. They seek results, and we fight to provide them results so that life is better, life expectancy is longer. Americans want Congress to fund medical research, and we do it in a big way. That is why we provided nearly $50 billion annually for the National Institutes of Health, which is the leading organization on health-related research.

We all know and love someone who has suffered from a devastating disease or disorder. My wife is a breast cancer survivor; my brother died of a stroke; my sister died of an aortic aneurysm. I have friends with diabetes, Parkinson’s, and Lou Gehrig’s disease. I have known many who have lost a battle to cancer, and others who face a long struggle with Alzheimer’s disease.

I want cures as well as everybody else. I want real hope for people. I believe that the pain and suffering will end as much as anyone wants it to end. But I cannot in good conscience support a bill that forces American taxpayers to fund research that requires the destruction of innocent human life. This is a slippery slope.

I wish to address six key points that have been put forward by Robert George and by Thomas Berg. They were made in an op-ed piece from the Wall Street Journal on March 13, this year.

These authors state that responsible and productive debate is often lost amidst confusion and misperceptions surrounding the issue of embryonic stem cell research. Both sides of this debate have reasonable arguments. But these authors, including this Senator, believe embryonic-destructive research cannot be morally justified.

First, Professor George and Reverend Berg rightly point out there is not a ban on human embryonic stem cell research in the United States. Yet I believe people in this body leave that impression. More importantly, it has left
the impression—whether from Members of Congress or other people in our society—there is a Federal ban on human embryonic stem cell research. They leave out the fact that the private sector and State governments are doing a lot of embryonic stem cell research as well. So there is embryonic stem cell research going on. The issue is whether the Federal taxpayer ought to be paying for something that would destroy life at the beginning.

What people have forgotten in this debate, then, is George W. Bush was, in fact, the first President to provide Federal dollars for embryonic stem cell research. Throughout the Clinton administration, not one penny of taxpayer dollars was allowed for this sort of research. So there is no Federal ban. In fact, companies and researchers can and are doing it now. There is no legal barrier barring the privatizing of it. In fact, we will continue to fund the lines President Bush authorized in 2001. Since the President announced his decision in August 2001, the Federal Government has provided almost a billion dollars to embryonic stem cell research. Eighty-five percent of the embryonic stem cell research studies in the world use these lines that President Bush’s decision in August 2001 allowed.

Because of this funding and the investment in the National Institutes of Health, America, our country, remains one of the global leaders in medical research. Why then do some generate the false impression that the Federal Government is not involved in stem cell research?

Well, that brings me to the second point. The authors say we are a long way away from seeing the therapies the other side promises. Embryonic stem cell research may not be the magic potion many make it out to be. Even the most ardent pro-embryonic stem cell research experts have stated its benefits are years, if not generations, away. George and Berg quote a prominent British expert who is not entirely convinced that embryonic stem cells will, in his life and possibly anyone’s lifetime, be holding quite the promise that some desperately hope they will.

One expert from the University of Wisconsin fears a backlash because the cures the public expects could be decades away. I know many of my colleagues and many of my constituents believe embryonic stem cell research holds potential. They believe the hope and the promise of this research will save their lives and the lives of their loved ones. But I cannot support the expanded use of taxpayer dollars to invest in something that is generations away—even if possible—when proven therapies already exist.

Third, the authors explain that a human embryo is deserving of at least some degree of special moral status. Most people would agree the embryo being destroyed has the potential to be developed into human life. It is a fact. Therefore, it is only right that a significant and serious consideration be paid to this life at this stage of development, the embryo.

This bill then plays with human life. The other side’s promise of cures disguised the fact that this bill will allow researchers to kill embryos, and pay for that killing, with American taxpayer dollars.

The bill before us says we should fund research using embryos that were on the brink of being thrown away anyway. Thrown away? What about the many children who have been adopted through this process? They were not thrown away or they obviously would not have been here to be adopted.

What about making sure that couples are not exploited and forced to create extra embryos so that industry can make a profit? Think how China makes a profit from harvesting organs from prisoners that they execute, or who knows how they die? Tourist medicine is what that is. How is that sort of ethic in our research? I do not think so.

What about ensuring those so-called leftover embryos are not being created through cloning? How do we ensure our human beings are more attractive, and that researchers are limited to how they create and destroy life? Where do we draw the line?

Point number four: There are non-controversial methods that are worth exploring if you want to do something for curing maladies with stem cells. Other noncontroversial methods of cutting-edge research, those which do not destroy human embryos, offer near equal promise for future medical benefits. Methods that are treating people this very day. Stem cells derived from bone marrow, umbilical cord blood, amniotic fluid, have opened the doors to many therapies. Adult stem cells have already proven effective in treating over 70 diseases and disorders, not something anybody interested in embryonic stem cells can point to. This alternative research has proven effective. We are investing taxpayers’ money in research that people are reap benefits from now.

Last year, I talked about an acquaintance of mine by the name of David Foege whom I happen to know from the years when he was a page in the Iowa Legislature in the 1960s. He grew up in Iowa and now resides in Florida. Four years ago, David Foege was told that he had little chance of survival. His heart was losing all function. He went from a life-threatening situation to a nearly normal heart function. He went from a life expectancy of 90 days to 10 or 15 more years. He is fighting that death warrant that he received years ago. David Foege is evidence that adult stem cells work, that the investment we have made in adult stem cells is paying off, and it is evidence that we ought to put our money where product is received as opposed to the quandary of when will we get therapies or when will we get maladies fixed by the research in adult stem cells.

I wish I could list the advances with embryonic stem cell research, but I cannot. There aren’t any. There are no treatments for human patients derived from embryonic stem cells. So there is no evidence on which to argue that this research should be expanded with public resources; in other words, tax dollars being used. We in Congress have to realize that there is a difference between hope and hype.

The fifth point these authors make, moral concerns are not exclusively religious in nature. Everybody thinks that anyone who is fighting this research is some religious fanatic.

Nobody says it better than Charles Krauthammer, a highly regarded columnist and former member of the President’s Council on Bioethics. Mr. Krauthammer doesn’t believe that life begins at conception, as many who have a feeling about embryonic stem cells and the destruction of life at that stage. But Mr. Krauthammer says that “many secularly”—I emphasize secularly; I didn’t say religious—“inclined people have great trepidation about the inherent dangers of wanton and unrestricted manipulation”—to the point of dismemberment—“of human embryos.” Mr. Krauthammer says that we don’t need religion to simply “have a healthy respect for the human capacity for doing evil in the pursuit of doing good.”

Mr. Krauthammer knows firsthand what it is like to live with a debilitating disease. He suffers from spinal cord injury. He spends every day of his life in a wheelchair. He knows that it is cruel to play on the hearts of those who suffer by saying that a cure is within reach. He said:

“There’s nothing less compassionate than to construct a political constituency of sufferers falsely and falsely to claim that their disease is on the very cup of cure if only the President would stop playing politics with the issue.

We aren’t playing politics. Reasonable people can disagree on the moral or fiscal consequences of this bill without being labeled religiously minded obstructionists.”

The sixth and final point that Berg and George make is that medical advancements are not the only interest of stem cell researchers. Because the benefit of embryonic stem cell research is only speculative and many years from producing results, many scientists have acknowledged that the primary interest of this type of research is to enhance the basic knowledge of early
human development. S. 5 does not ban human cloning, and it doesn’t help draw the line on what researchers should or should not do with so-called leftover embryos. This puts us on a very slippery slope. I urge my colleagues to think long and hard about this issue before voting on S. 5. S. 5 disregards respect for human life at the expense of prolonging the pain of those who seek a cure. We in Congress and across the country need to think rationally and to make tough choices. The future of life sciences is the most promising field of work. I have spent a great deal of time explaining that I thought that was adult stem cell research. I urge my colleagues to join in defeating S. 5 and supporting the proven and non-controversial field of adult stem cell research.

I thank the Chair.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. Mr. President, I thank my colleagues for this bill. Senator COLEMAN and Senator ISAKSON have put a great deal of time into this bill, and I am pleased to work with them in bringing about this formulation. If I am not already a cosponsor, I ask unanimous consent to be added as a cosponsor.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. COBURN. Unlike many in the Chamber, I am a scientist. I am a physician. I am a scientist. I believe at last count, somewhere over 4,000 babies. I understand embryology. I understand the science of molecular biology. This debate is going to come down to a couple of moral questions. There are really two moral questions that this country has to answer. I will talk about those, and then I will talk about a few other things that most people don’t want to admit to or discuss, issues surrounding this topic.

The first moral issue is, do we have the capability to destroy life in the name of saving life? That is what we are talking about with embryonic stem cells. We selectively snuff out a life so that we can potentially have a treatment in the future. That is the first great moral question. I have seen the various early stages and then every other stage through pregnancy what that life potential is. It is not to be taken lightly, this step of ignoring life or neutralizing life under the proxy of saying we are going to benefit someone.

We have heard many people talk about the promise of embryonic stem cells. They do yield promise for us. However, it is a long way off. But we need to be careful with this step in the direction of destroying life in the name of saving life. I thought Senator ISAKSON did a very good job of explaining embryos that no longer grow. They have quit dividing. They don’t grow. They can’t be implanted. They, in fact, will be discarded. But they still have tremendous value for us for research. As he noted, 5 of the 21 lines presently being researched, and 3 of the 10 lines that presently have no problems whatsoever came from dead embryos, embryos that still have live cells but won’t divide again unless induced to do so, and then won’t divide long enough.

This is a huge question for us because how we answer this question today is going to say a lot about the decisions we make in the future. One of the things we are going to hear about is the enormous amount of excess embryos that are generated from in vitro fertilization. We have completed a project designed to inform the policy debate by providing accurate data on the number of frozen embryos in the United States. This number is higher than expected.

For family building

EMBRYOS AVAILABLE FOR RESEARCH DO NOT HAVE HIGH DEVELOPMENT POTENTIAL

Although the 11,000 embryos designated for research might seem like a large number, the actual number of embryos that might be converted into stem cell lines is likely to be substantially lower. Because assisted reproductive technology clinics generally transfer the best-quality embryos to the patient during treatment cycles, the remaining embryos available to be frozen are not always of the highest quality. (High-quality embryos are those at or near the spontaneous implantation stage. In addition, some of the frozen embryos have been in storage for many years, and at the time that some of those embryos were created, laboratory cultures were not as conducive to preserving embryos as they are today. Some embryos would also be lost in the freeze-and-thaw process itself.

To illustrate how such laboratory conditions might limit the number of embryos available for research, the RAND-SART team performed additional calculations. Drawing upon the few published studies in this area, they estimated that only about 65 percent of the approximately 11,000 embryos would survive the freeze-thaw process, resulting in 7,334 embryos. Of those, about 25 percent (1,834 embryos) would likely be able to contribute to the initial development to the blastocyst stage (a blastocyst is an embryo that has developed for at least five days). Even fewer could be successfully converted into embryonic stem cell lines. For example, researchers at the University of Wisconsin needed 18 blastocysts to create five embryonic stem cell lines, while researchers at The Jones Institute used 40 blastocysts to create three lines.

Using a conservative estimate between the two conversion rates from blastocyst to stem cells noted above (27 percent and 7.5 percent), the research team calculated that about 275 embryonic stem cell lines could be created from the total number of embryos available for research. Even the highest number is probably an overestimate because it assumes that all the embryos designated for research in the United States would create stem cell lines, which is highly unlikely.

CONCLUSION

The RAND-SART survey found that almost twice as many frozen embryos exist in the United States as a small percentage of these embryos are available for research because the
It is important that we don’t take our eye off the ball. This is a very key moral question that has to be answered. It has to be answered by all the disease groups out there. If, in fact, we can supply the same product in the same timeline with the same results, why would we destroy an embryo? If we could do it in an ethically, morally correct way, why would we do it in an ethically less correct way?

Then there is the little problem that you never use the stem cells. There is no stem cell therapy available for human heart or kidney, but if they could not get a treatment and then we try to reprogram, which has none of those problems because you use one of your cells into an egg, reprogram it to produce pluripotent cells that never produce an embryo. Nobody wants to talk about the real scientific issue of the problems of a treatment for a disease that we have no treatments for yet, that is well down the road, and the big kicker that will come is, what if we get a treatment and then we try to give it and everybody is going to have to be on an antirejection drug. Everybody knows someone who has had a transplant. Ask them how they would take taking their drugs. They like taking them because they have a new liver or heart or kidney, but if they could not take those drugs and have it, they would much rather have that.

So we set up a false choice. The false choice is, embryonic stem cells or nothing. That is not a real choice for this country.

I believe America is a great land, made up of good people. If we answer this second moral question, if we can do this, and we can, through multiple ways, why would we destroy the first embryo? We do not have to destroy the first embryo.

I think we ought to be considering the moral questions, but also the facts that are going to come about as a result of this fascination and hope for a cure. I have had mothers of juvenile diabetics in my office. I have had fathers of juvenile diabetics. I have had your neighbors. I have had a Parkinson’s patient plead with me to do this. When I explain to them what is on the horizon, when I explain to them what the potentials are, all of a sudden this hope that has no substance to it yet whatsoever does not have near the meaning as all the other things that are going on that do have meaning.

So we need to refocus on the real search, the real potential that is in front of our country and answer this best, most important moral question: Do we steal life from the innocent to potentially give life to the maimed or the injured or diseased, or do we, in fact, do it in a way that never steals life and accomplishes the same goal?

That is the real question before the Senate. S. 30 does that. S. 5 does not. That is the division. One says: To heck with the ethics, to heck with the problems associated with it, to heck with the rejection, to heck with the antirejection drugs, to heck with the idea we cannotclone ourselves, we want this way only.

S. 30 allows all the options, all the accomplishments, all the potential without violating the first ethical clause. That is the question America needs to ask itself in this debate. We can apply to all those desirous of all these needed benefits of cure and treatment, and we can do it in an ethically responsible manner that will send us down the right road for this country, not the wrong road.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. ISAKSON. Mr. President, how much time remains?

THE PRESIDING OFFICER. Five minutes remains under the control of the Republican leader.

Mr. ISAKSON. Mr. President, I am going to yield to Senator COLEMAN. But, first, I ask unanimous consent that Senator McCONNELL be added as a cosponsor to S. 30.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Minnesota.

Mr. COBURN. The second question we have to ask ourselves is, if you are a mother of a juvenile diabetic, a 2- or 3-year-old, or you are the wife of a Parkinson’s patient or the caregiver of somebody with a spinal cord injury, if we told you that in fact we can do everything to produce a cure, to give you the exact same opportunity for a cure without ever destroying the first embryo, which would your choice be? Would your choice be to destroy that embryo or to do it in a nondestructive way getting exactly the same results?

That is where the science is today. That is where the legislation needs to be debated. But the false hopes that have been created that is the only way that we can find these cures is nothing but hogwash, scientifically proven hogwash.

The fact is, we don’t know what is going on with embryonic stem cells. We know a lot that will come from other treatments. I just shared with Senator COLEMAN, we will have a treatment for juvenile diabetes within 5 years, but it won’t come from stem cells. It will come from the tobacco plant. That is very new research. It has been repeated in mice. It is working. We will have that cure. That is going to get funded, and it will be produced long before anything else that is an actual cure.

By the way, autologous stem cells, cells taken from yourself, have already cured five juvenile diabetics by taking the cells from a tube inside the pancreas, generating beta cells, and reimplanting those into children who have juvenile diabetes, who are off insulin today. So there are lots of opportunities.

The second moral question that Americans ask themselves, as do Members of this body, is if we can do everything without destroying the first embryo, why do we want to destroy embryos? Because it is easy? Because it is convenient? Because we are locked in a mantra that says this is the cause it is convenient? Because we are destroying embryos? Because it is easy? Because the only way that we can find these cures is nothing but hogwash, that is the only way that we can find these cures is nothing but hogwash, scientifically proven hogwash.

The fact is, there are lots of other theories on how to treat disease out there that we are going to be accomplishing that aren’t going to have anything to do with stem cells.

The majority are reserved for family building. Among those that are in principle available for research, some have been in storage for more than a decade and were frozen using techniques that are not as effective than those that are currently available.

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The second moral question that Americans ask themselves, as do Members of this body, is if we can do everything without destroying the first embryo, why do we want to destroy embryos? Because it is easy? Because it is convenient? Because we are locked in a mantra that says this is the only way. Think for a minute about what else is going on. We now produce almost every cell type that man has from germ cells, research done in this country, proven in Germany, in Japan, another source of stem cells. Didn’t you destroy the first embryo, but we have it. Altered nuclear transfer, assisted reprogramming, which you heard Senator COLEMAN talk about, has not been done in humans yet because it hasn’t been funded. The fact is, it has been done in mice. You sit and think, what can happen.

When we heard that these were theories by the Senator from Iowa, going to the Moon was a theory, but we did it. The fact is, there are lots of other theories on how to treat disease out there that we are going to be accomplishing that aren’t going to have anything to do with stem cells.

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light—Wake Forest has done some of it—is the use of amniotic and placental stem cells. These are stem cells, by the way, that can be grown in large quantities. They do not produce tumors, which occur in other types of stem cells. The Wake Forest scientists have generated specialized cells generated from amniotic cells really, in effect, may have—again, this is all potential—but there is the potential to have the kind of elasticity and pluripotency we see in embryonic stem cells. These are some of the new techniques out there.

In addition, S. 30 contains a provision for moving forward with a national amniotic and placental stem cell bank, which is another opportunity to move the research forward and to move from hope to reality, which is certainly the hope of this bill.

With that, I yield the floor.

Mr. President, we yield back the remainder of our time.

The PRESIDING OFFICER. Under the previous order, the next 60 minutes is under the control of the majority leader or his designee.

The Senator from California.

Mrs. FEINSTEIN. Mr. President, it is my understanding I have 20 minutes. Is that correct?

The PRESIDING OFFICER. There is 60 minutes under the control of the majority leader. The Chair is not aware of any designation within that 60 minutes.

Mrs. FEINSTEIN. I see. I thank the Presiding Officer.

Mr. President, I rise in support of the Stem Cell Research Enhancement Act of 2007 that is known as S. 5. It is really the only bill of the two that will allow scientists to fully pursue the promise of stem cell research.

I want to particularly thank Senators HARKIN and SPECTER, KENNEDY and HATCH, who have been in the leadership of this issue for the past several Congresses. I also want to point out, in the case of the distinguished Senator from Utah, he is very pro-life. I have listened to him over these many years. I have listened to the real wisdom he has espoused on this issue. I hope more people will pay attention to him because I think he is right with respect to this issue.

On August 9, 2001—that is 6 years ago—President Bush limited Federal research funding to 78 stem cell lines already in existence. Nearly 6 years have passed, and in that time two things have happened. First, most of these 78 stem cell lines are no longer available for scientific work. Many lines and have died due to the limited number of mutations as they aged. Only 21 lines are available today. These lines are all contaminated with mouse feeder cells and therefore are useless for research in humans. They do not have the diverse genetic possibilities necessary to find cures that benefit all Americans, and researchers cannot use them to examine rare and deadly genetic diseases.

This was, in fact, the President’s policy. It is now clearly established that policy does not work, that policy is moribund. Yet the President will not relent and Federal research on stem cells cannot go forward.

Secondly, public support for stem cell research is now stronger than ever. Pluripotent research, that will provide for dead embryo research, which would give you, again, the same kind of stem cells you get from any other kind of embryonic stem cells—these are some of the new techniques out there.

The hope is to put together a tissue sampling of 100,000 tissues which would then give you the kind of ability to cut across a diversity we do not have today with the research that is going on.

Again, if S. 5 is passed, it will be vetoed, and the science will not be moved forward. But if S. 30 is passed, with the provisions that provide for stem cell research, that will provide for pluripotent research, that will provide for dead embryo research, which would give you, again, the same kind of stem cells you get from any other kind of embryonic stem cells—these some of the new techniques out there.

With restrictions in place, over 400,000 embryos could become available while ensuring that researchers meet the highest of ethical standards.

Let’s be clear. We are talking about embryos that will be destroyed whether or not this bill becomes law. It is an indisputable fact, and everyone would agree these embryos have no future. When President Bush adopted his ill-fated policy in 2001, he allowed lines already in existence to be used for federally funded research. It was a stark choice. Only one bill, S. 5, the Stem Cell Research Enhancement Act, embraces all forms of stem cell research. This legislation provides a simple and straightforward way to provide American scientists with immediate access to the most promising stem cell lines.

It states that embryos to be discarded from in vitro fertilization clinics may be used in federally funded stem cell research, no matter when they were created.

While opponents have suggested this bill will lead us down a slippery slope, the parameters created by the bill are clearly defined: strict. Let me give you some examples.

The embryos must be left over following fertility treatment. The people donating the embryos must provide written consent. The donation may not be motivated for their donation. Finally, it must be clear that the embryos would otherwise be discarded.

This legislation will not allow Federal funding to be used to destroy embryos. With restrictions in place, over 400,000 embryos could become available while ensuring that researchers meet the highest of ethical standards.

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The majority of the American people, the majority of the scientific community, other nations, many of our States have embraced the promise of stem cell research. The President can stand in the way of such an overwhelming consensus for only so long.

With restrictions in place, the inevitability of this legislation grows clearer. Just since the President’s veto, officials from his own administration have acknowledged the shortcomings of the current policy. More research has demonstrated the unique promise of pluripotent, multipurpose stem cells. States and private institutions are forging ahead without Federal support.

Finally, and importantly, more Americans are waiting for cures and treatments for catastrophic diseases. This is a very large lobby indeed.

So today we have another opportunity to move hope forward. The two bills before us today present a very stark choice. Only one bill, S. 5, the Stem Cell Research Enhancement Act, embraces all forms of stem cell research. This legislation provides a simple and straightforward way to provide American scientists with immediate access to the most promising stem cell lines.

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system, the University of Kansas, the University of Arizona, the University of Chicago, and the Wisconsin Alumni Research Foundation.

They represent patients struggling with a wide variety of afflictions: the Christopher Reeve Foundation, the Lung Cancer Alliance, the Arthritis Association, the ALS Association, the Juvenile Diabetes Research Foundation.

They represent a variety of religious faiths, including the Episcopal Church and the National Council of Jewish Women.

These groups represent a variety of patients, medical disciplines, and religious faiths. They are from all over this country, and they all support expanding stem cell research. This consensus now even includes Bush administration officials. Last month, NIH Director Dr. Elias Zerhouni testified this:

From my standpoint as NIH director, it is in the best interest of our scientists, our science, and our country that we find ways and the Nation finds a way to go full-speed across adult and embryonic stem cells equally.

That is a pretty unambiguous statement from the man who heads the Institutes of Health.

The Senate and the President should listen to the scientists who best understand this issue and give them access to the stem cell lines that successful research demands.

Jennifer McCormick of Stanford University’s Center for Biomedical Ethics has said:

The United States is falling behind in the international race to make fundamental discoveries in related fields.

It is time to address and reverse that sentiment.

In a letter to President Bush, Nobel laureates called the discoveries made thus far by stem cell researchers a significant milestone in medical research. They go on to say that:

Federal support for the enormous creativity of the United States biomedical community is essential to translate this discovery into novel therapies for a range of serious and currently intractable diseases.


Promising projects include creating liver cells for transplantation at the University of California at Davis, developing cellular models for Parkinson’s disease and Lou Gehrig’s disease, and generating human embryonic stem cells.

This is the science.

You can quote a scientist here or a scientist there who will differ with that, but the bulk of people in this field worldwide believe as this statement reflects.

As Lucian V. Del Priore of Columbia University said:

This is important and exciting work.

It is time we use the wisdom of these respected scientists and embrace the promise of biomedical research using embryonic stem cells.

Scientists have learned more about stem cells—how they work, how they may one day be used for cures—since we last considered this issue, I guess, at least August.

Scientists from the University of Edinburgh used embryonic stem cells from an African clawed frog to identify a protein that is critical to the development of liver cells and insulin-producing beta cells. This could lead to a better understanding of diabetes and liver disease as well as new treatments.

Then during the next month or two, in October, scientists at Novocell, a San Diego biotech company, announced the development of a process to turn human embryonic stem cells into pancreatic cells that produce insulin. This could be another significant step toward using stem cells to treat diabetes.

In September last, researchers used human embryonic stem cells to slow vision loss in rats suffering from a genetic eye disease that is similar to macular degeneration in humans.

Macular degeneration is the leading cause of blindness in people aged 55 and over in the world. It affects more than 12 million Americans. This research means stem cells could one day be used to restore vision in many of these patients. Just think of that: fifteen million people who are surely going to go blind, and that blindness might be stopped.

In March, a team at the Burnham Institute in La Jolla, CA, used embryonic stem cells in mice to treat a rare degenerative disorder called Sandhoff’s disease. This condition, which is similar to Tay-Sachs disease, destroys brain cells. The mice treated with stem cells enjoyed a 70 percent longer lifespan, and the onset of their symptoms was delayed. The stem cells migrated throughout the brains of the mice and replaced damaged brain cells. No one ever thought that could be done before. This suggests that embryonic stem cells may effectively treat this disease as well as other genetic neurological conditions including Tay-Sachs.

So all of this work is just beginning. Scientists will now work to translate these promising advances into cures for humans, and such a feat will almost certainly require access to viable lines of human embryonic stem cells. How? If President’s policy is overturned, these lines will not be available, and without access to additional stem cell lines, the cures and treatments will never move from mice to humans.

Many States, frustrated with Federal gridlock and the loss of their best scientific minds, are moving forward. I am particularly proud of my State of California. In 2004, California voters, by a whopping margin, approved Proposition 71 and created the California Institute for Regenerative Medicine. That institute is spending $3 billion over 10 years supporting promising research conducted in California. This work will be done with careful ethical oversight. It also bans human reproductive cloning, something we can all agree is immoral and unethical. Over $158 million in research grants has now been approved, making California the largest investor in funding for embryonic stem cell research in America.

Promising projects include creating liver cells for transplantation at the University of California at Davis, developing cellular models for Parkinson’s disease and Lou Gehrig’s disease, and generating human embryonic stem cells.

These are only some of the more than 100 labs in California now working.

One might say: All right, why not let the private sector and the State address this problem? Why do we need Federal research? I want to concentrate a few moments on that.

The actions of California and the actions of other private and public institutions do not substitute for Federal funding and a standardized national policy. Much of this debate focuses on stem cell lines that are approved, but there is much more to succeed. They need expensive equipment and lab space in which to work and collaborate, and there is the rub. For scientists working on embryonic stem cell lines, this means taking great care not to intermingle their work on approved stem cell lines with those that are not approved. If Federal funds, for example, built a lab or bought a freezer, a petri dish, or a test tube, these resources cannot be used on research involving lines not included in the President’s policy. As I said, there are no lines left in the President’s policy. Therefore, they can’t be used.

This has created a logistical nightmare. The duplication and careful record-keeping tasks required to ensure advantage faced by the U.S. stem cell scientists. Many have gone to extreme lengths to ensure they follow these regulations. The stakes are high: Any mistake could result in the loss of Federal grants for a researcher’s lab.

Let me give a few examples. University of Minnesota researcher Meri Firpo buys one brand of pens for her lab that receives Government money and another brand of pens for use in her privately funded research. This helps her ensure that a ballpoint pen purchased with Federal grant money is not used to record results in her lab that works with stem cell lines not covered by the President’s policy.

UCLA is using a complex accounting system to allocate Federal and private dollars in careful proportion to the amount of time a researcher spends working on either approved or unapproved stem cell lines. A stem cell researcher at the Burnham Institute in La Jolla, CA, designed labels for all her equipment:

Stem cells in a green circle denote equipment that can be used with all
stem cell lines, while equipment bought with Federal funds is marked with a red circle with a slash through it.

At the University of California in San Francisco, biologist Susan Fisher worked for 2 years to cultivate stem cell lines in a privately funded make-shift lab. Unfortunately, the power—the electricity—in her lab failed. She couldn’t move her lines into the industrial-strength freezers in the other lab because they too were federally funded. The stem cell lines on which she had worked for 2 years melted and were gone. So 2 years of work was out the window because of this ridiculous situation.

Money that could otherwise be devoted to research is instead used to build labs and purchase duplicate equipment, and the cost is significant. Scientists at the Whitehead Institute for Biomedical Research in Cambridge, MA, didn’t want to fall behind international leaders, so they established a second lab. They had to buy a $520,000 microscope, two incubators which cost $7,500, and a $6,500 centrifuge. They already owned this equipment. They had the equipment, but they couldn’t use it because that equipment was purchased with Federal dollars. To me, this makes no sense. I don’t think we can afford this kind of wasteful duplication with what are very precious research dollars. Our scientists should be focused on investigating disease, not worrying about who pays for their pens or their test tubes. So bottom line: We need a reason for Federal policy that includes funding for viable stem cell lines.

I don’t need to tell my colleagues about the famous faces and the average people who are behind this legislation. It is nearly 70 percent of the population. I don’t have to tell my colleagues about Michael J. Fox, who showed me what the true face of Parkinson’s disease is. I don’t have to tell my colleagues about First Lady Nancy Reagan, who has spoken out in support of this and other legislation, or Christopher Reeve, who lived his life refusing to accept that his spinal cord injury would never be healed, or Dana Reeve, who stood by her husband and then tragically lost her own battle with cancer. Just as important are the millions of Americans who may not have a famous face, but put everything they have into their battle; people such as Mo Udall, whom we thought the world of, and who died from Alzheimer’s disease, dementia. Her mother had lived and died with the same disease. Her grandmother lived and died with the same disease. Her sister may be showing early symptoms of the same disease. My mother’s father was a butcher. He worked 5, 6 days a week until he was 81 years old in a little mom-and-pop supermarket in Berkeley, WV. His hands would shake. Some would probably think, how many fingers would he lose today while trying to cut up the meat. He never did lose any. He was a great hero to me. I remember watching as Parkinson’s took its toll on him, as it has others of our colleagues here and in the House, such as Mo Udall, whom we thought the world of, and who died today. I want to tell them you will never have to worry about Parkinson’s or pancreatic cancer. Today is about much more than curing diseases. It is also about keeping America’s research centers competitive and relevant. The United States has always been a key leader in the prevention and treatment of illnesses. We have developed vaccines and antibiotics that have literally saved millions of lives, and still do. We have made tremendous advances in biotechnology and pharmaceutical research as well. Now we have the opportunity to make a national commitment to expand the frontiers of medical research. Stem cell research is a key part of that doing of that. I know a lot of us agree. The nation that is able to take stem cell research to the next step and use it to truly understand how our DNA works and then to use that information to help find treatments for diseases will be in the driver’s seat of medical research worldwide for some time to come.

My friend and fellow Delawarean, Congressman Mike Castle, led the way to expand stem cell research. Last year, he introduced legislation that would allow the NIH to support embryonic stem cell research. Congress passed this bill, thanks to the leadership of Senator Harkin and others in this body. It was vetoed by the President. I disagree with the President’s policy on stem cell research. On this front, I think he is wrong.

This year, several of my colleagues, including my friend Senator Harkin, have introduced legislation very similar to the Castle bill that we passed last year. S. 5, the Stem Cell Research Enhancement Act of 2007, would authorize stem cell research funding the number of stem cell lines that are eligible for Federal funding. It would also strengthen the ethical rules that govern stem cell research—a concern that I know is on many people’s minds, including my own.

Under the administration’s current policy, the number of stem cell lines available for federally funded research has continued to shrink. There are only 21 cell lines now available. I am told that only more, many of the current lines are contaminated or have reached the end of their usefulness.

A gentleman named Dr. Elias Zerhouni, the Director of the National Institutes of Health, testified before a Senate panel and made a similar claim that these 21 cell lines the National Institutes of Health has will not be sufficient for the research they need to do at NIH. S. 5 would allow new lines to be derived from excess in vitro fertilization embryos that would otherwise be discarded. To me, the choice seems clear:
Rather than allowing these embryos to be discarded, destroyed, we can use them to further lifesaving research. They may contribute to saving the lives of our spouses, our brothers and sisters, our parents, our children, or our grandchildren. S. 5 would allow new lines to be derived from excess in vitro fertilization embryos that would otherwise be discarded. I know people are concerned about that and they have an ethical dilemma they face. Those people who have those concerns and may have deeply held beliefs, does it make sense to you that these embryos that have been created in fertility clinics are going to be destroyed at the discretion of whoever was the person and donated the eggs and the sperm that fertilized the egg? Does it make more sense to allow the fertilized eggs to be destroyed or to allow that embryo to be—at the discretion of that husband and wife—used to help preserve and enhance and improve life?

These new stem cell lines would dramatically expand our ability to study and find treatments for a wide range of illnesses. The benefits will come not only from these new lines but from having better lines. By expanding our research policy, we can create stem cell lines that help us study specific diseases or create specific treatments. I closed my remarks by our colleagues to join us—a majority of us—in supporting S. 5. It has been made better because the sponsors of the bill have also introduced legislation that I think, was offered last year by Senators SPECTER and SANTORUM. It is going part of this legislation. It made it better.

We should not wait any longer. If we focus our resources and attention today to find cures, we can save lives—and also save money in the long run. I will close by saying for those who believe this legislation is somehow diverting us from pursuing the use of adult stem cells, or stem cells that may be umbilical cord it doesn’t do that. We should pursue those paths as well. But we should not close the door on this path; we should pursue this path, too.

To those who brought us to this day, Congressman CASTLE from Delaware, the sponsors of this bill today, all who have joined in supporting it, and the people in the country who joined us as well, thank you for doing a good thing for a group of people who need our help.

Mr. HARKIN. Mr. President, I thank my good friend, the Senator from Delaware, for his very eloquent and personal statement. That is what this is all about, helping people who are suffering from these problems and need help with their health care.

I yield to a leader on all our health care issues for so many years, and I think he is recognized as such by the entire country. He is a great leader in all health care issues, especially on this issue of stem cell research. I yield to the Senator from Massachusetts, Mr. KENNEDY.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized. Mr. KENNEDY. Mr. President, I thank my friends, Senators HARKIN and SPECTER, for the extraordinary leadership they have provided on the extraordinary discovery that tiny cells, called stem cells, held the extraordinary potential to offer new hope and new help in the fight against diabetes and Parkinson’s disease, spinal injury, and many other illnesses.

Six years ago, many of us in the Senate joined millions of patients and their families in calling on President Bush to support this lifesaving research. Sadly, he rejected those calls and instead imposed severe restrictions on the search for the cures.

Since those severe limitations were imposed, we have struggled to free American scientists from these unwarranted restrictions. Last year, we scored a great victory when the House and Senate, with broad bipartisan majorities, voted to end those restrictions. But those efforts came to naught with a veto, and we are back at the battle again.

I share that view of my colleagues and friends in saying if we are not successful—although we are hopeful we will be—we are going to continue this battle day in and day out until we are successful.

Today we renew our hope that the President will start anew and consider the merits of this new legislation instead of automatically picking up the veto pen. When Congress passed the bipartisan stem cell bill last year, we did it for hope, for progress, and for life. But President Bush chose to dash those hopes by vetoing the legislation.

Now we are taking up the cause once again. Our legislation again brings together conservatives and progressives, the House and Senate, with broad bipartisan majorities, voted to end those restrictions, and instead imposed severe restrictions on the em- bryonic stem cell research imposed by the President’s Executive order. As we know, six years ago. His unilateral action bypassed Congress and froze progress in its tracks by barring the NIH from funding research using any stem cells derived after August 9, 2001, an arbitrary date chosen solely to coincide with the President’s speech.

Many of us warned at that time that this policy would delay the search for new cures and put needless barriers in the way of medical progress. At a hearing on June 1, only 24 hours after the Executive order was issued, many of us raised concerns about the new policy and urged the President to reconsider.

Our concerns were dismissed by the administration, but time has shown that each of the drawbacks we feared then has become a real barrier to progress today.

At the time of the Executive order, the administration claimed that over 60 independent stem lines would be available to NIH researchers. We found, as our friend from California, Senator FEINSTEIN, and Senator HARKIN pointed out earlier, that 21 of those stem lines...
are available to NIH researchers and all those were obtained using outdated methods and outdated techniques.

We listened carefully to the words of Dr. Landis, who is chair of the NIH stem cell task force, in testimony before the Senate Health, Education, Labor, and Pensions Committee.

"We are missing out on possible breakthroughs."

"Federally funded research has monitoring oversight and transparency that privately funded research will not necessarily have."

"The cells that are eligible for the NIH funding now have been shown to have genetic instabilities, effectively pointing out the missed opportunities that are in place now because of the restrictions put on by the administration and that even the research that is being done in the private sector, as limited as it is, is lacking in the kind of monitoring and oversight and, in many instances, the enormous importance of the protections that we have not included in the legislation."

It has been mentioned earlier in this discussion but needs to be mentioned again, the excellent statement by the Director of the National Institutes of Health, Dr. Harkin, before the Senate on March 19, where he points out:

"To sideline the NIH in such an issue of importance, in my view, is shortsighted. I think it wouldn't serve the Nation well in the long run. We need to find a way to move forward."

These are two of the most distinguished researchers, scientists. Dr. Zerhouni has had a brilliant record at the NIH. Dr. Landis has had a brilliant record. Anyone who has the opportunity to listen to them respond to questions can't help but leave that meeting recognizing and supporting their position.

Those are the issues. That is what this legislation is about. Our legislation needs to change to reverse our current policy. As has been pointed out, science without ethics is akin to a ship without a rudder. For that reason, the legislation establishes essential ethical safeguards for stem cell research—enormously important—and has been reviewed earlier during this debate.

Our legislation authorizes new initiatives for obtaining the stem cells from sources other than embryos. We strongly support ongoing research for alternative nonembryonic stem cell research, but it is fundamentally wrong to shut down the promise of new cures while that research is underway."

"In the end, this debate is not about abstract principles or complex aspects of science but the people who look with hope to stem cell research to help them with the challenges they face."

It is important to JQST Jason Wittling. Let me read about SGT Jason Wittling. He was injured in Kabala, Iraq, in 2003.

I was in Charlie Company, 1st Combat Engineering Battalion, 1st Marine Division. I spent 10 years, 1 month, 28 days in the Marine Corps, but who's counting. On May 9, 2003, on the outskirts of Kabala, Iraq, my squad was disposing of Iraqi ordnance. The fuse went off prematurely, and as a result of the accident, his vehicle overturned.

I had burst fractures of my C6 vertebrae in my neck, broke my right wrist, and a number of other injuries. He is in a wheelchair now, a brave and courageous marine. Sergeant Wittling now looks to stem cell research for new hope for his injuries. He has had multiple surgeries."

There are countless others who have similar injuries and recognize the importance of this research. I am going to conclude with a letter I received from 15-year-old Lauren Stanford, who is from Plymouth, MA, who has juvenile diabetes. In her letter, she talks about how stem cell research means to her and her family. She wrote me again this year. While she is still full of hope, you can also hear her frustration. These are her words:

"I'm now wearing what is called a continuous glucose monitoring system. It has a wire probe that I insert under my skin every few days on my own. When I first held the wire probe, I was scared to death. The needle was huge, and I was going to be plunging it into my body. Would it hurt? What if it didn't work? Was it worth the risk? After about 20 minutes of sweating and shaking, I stopped chickening out and found the guts to do it. And then, as soon as I did it, I knew immediately it was the right thing to do. It went in fine. It didn't hurt that much. And it is helping me."

Those were her words. She goes on to write to each of us about our decisions on how to vote on this legislation. Here is what she writes:

"Some of you might be scared to vote yes. You know it's the right thing to do; after all, if embryos are being discarded, how can it not be right to use them to help people like me? Your hand is lingering over the yes lever, just like mine was over the insertion device. You can see it might do some good . . . but you're afraid. Someone might get mad. It might hurt a little. But follow my lead. Be brave. Do something that might hurt a little or scare you for a second, but after will make so many things so much better. Vote yes to allow scientists to do this valuable research in a responsible way and to provide cures. Vote yes and take another step along with me to finding cures."

No one ever said doing the right thing, the brave thing, and the thing to make the world better would be easy. I've learned that the hard way. Vote yes. Free me from the machines that keep me alive. Clear away my future of kidney damage, blindness and fear of a shortened life.

Those are Lauren Stanford's words, and they compel us to act. Tomorrow we can cast a vote of conscience and courage. By approving the Stem Cell Research Enhancements Act, we call upon the President of the United States to think anew and decide not to veto hope.

Mr. President, I yield back the remainder of my time."

Mr. HARKIN. How much time remains, Mr. President?

The PRESIDING OFFICER (Mr. WEBB). There is 8 minutes 24 seconds remaining.

Mr. HARKIN. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BROWNBACK. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BROWNBACK. Mr. President, I rise to start the discussion on this side regarding stem cells, regarding the major hope and promise of stem cells, stem cell research and adult stem cells, cord blood, amniotic fluid.

I wish to start off with a story of a patient, David Foege. I have a picture of him here. David Foege lives in Florida and has suffered from end-stage heart disease. He experienced shortness of breath, tiredness, and an inability to concentrate and function in a normal fashion. Over 2 years ago, his cardiologist indicated that he should go to hospice, saying he had no other options. "I would be provided plenty of morphine to ease my way into a 'transitional state,'" was the statement of his treating physician. Hospice would provide great service, but David learned about adult stem cell treatments through a company called TheraVitae.

When I saw David last year, he had just returned from his first stem cell treatment. He has just returned from his second one a matter of weeks ago—just this week, as a matter of fact. We have a progress report from him about this amazing work which has taken place, this therapy which has occurred with adult stem cells. Listen to David's letter. It is really impressive and very interesting.

I am one of 7 people in the world who have experienced 2 stem cell therapies!
Susan and I have just returned from Bangkok, Thailand, after 45 days of adult stem cell cardiac treatment and rehabilitation. [One has to wonder why he is in Thailand for that.] The cutting edge technology, the utilization of my own stem cells reinjected into my heart, allowed the reshaping and a re-functioning of my heart from a life-threatening condition to a nearly normal heart function today.

Following my stem cell treatment last year I went from a life expectancy of one day to 90 days to at least one year. The second stem cell treatment has jumpstarted me into the range of normal function. I reasonably can expect a normal life expectancy, which is approximately 15 more years. I can’t “tell you how great it is to be back in the greatest country in the world, the United States of America. The weather is fabulous here in Florida, and it is wonderful to sleep on my own soft bed.

I am in awe of the Creator, who amazingly engineered us to have our own warranty in our body’s toolbox with us at all times—our own stem cells! It does not check our politics, race, religion, or sex.

Some of the diseases in addition to heart disease treated in 2009 are the following [projected into the future]:

Blindness macular degeneration, diabetes, stroke and Parkinson’s disease, paralysis of any part of the body including back and/or legs, renal failure.

Being one of the world’s longest living renal transplant recipients of 25 years, I can’t help but be thrilled I am for others that they may not have to endure the hellish torture of a renal failure. This reasonable treatment is in the immediate future. It is a wonderful time to be alive. The only letters, or designation, I would like to have behind my name is David Foege.

TheraVitae has the technology to soup-up our cells and differentiate them for maximum effectiveness. I would support embryonic cells, but they have a 100% certain side effect of growing cancer tumors. Our own adult stem cells do not.

Best wishes and great health be with you. This opens a revolutionary door of opportunity to improve the quality of life like it has for me and cut the spiraling cost of health care in the USA.

On my way to Costco without cane or wheel chair for 30 minute shopping walk. I remain

Sincerely yours,

David Foege, Ph.D. And alive

That is a good way to start this discussion of these miraculous stem cells. They are beautiful, and they are working in at least 72 different human maladies. David Foege had treatments using two. The problem is, he has had to go to Bangkok, Thailand, for both of them instead of here in the United States.

Adult stem cell therapy has no ethical problems, no ethical questions. They are his own stem cells. Yet he has had to travel to Bangkok because we don’t seem to have enough research funds to support the sort of research into areas that are giving cures—treatments, I want to say, emphasize treatments, not cures—to people to give them an enthusiastic life, to give them a chance to live and to sign off “David Foege, Ph.D., and alive.”

We have discovered the amazing stem cells in many places, not only in cord blood. Thanks to my colleague from Iowa, who worked with me and many others, we established a cord blood bank, and we are now—I just checked these numbers before we came over here—at the end of 2006, there have been 10,000 cord blood transplants to unrelated donors. I got those from the New York Blood, which was responsible for 2,500 of those units. That is 10,000 people probably alive who wouldn’t be—maybe some would, in other ways or shapes. But still it is taking place.

We now need to bank amniotic fluid. We just found in recent research—I want to show this chart as well. Some of my colleagues may have missed this. This came out in JAMA, February 28, 2007: “Stem cells obtained from amniotic fluid.” This is the fluid, of course, surrounding the child in the womb.

Amniotic fluid-derived stem cells—APS cells—can be coaxed to become muscle, bone, fat, blood, vessel, nerve and live cells. APS, stem cells, might be capable of repairing damaged tissues resulting from conditions such as spinal cord injuries, diabetes, Alzheimer’s disease and stroke.

I hope one of the efforts we can take on banking, that I could possibly do with my colleague from Iowa and many others, is banking amniotic fluid. This has been traditionally thrown away. It is the very bottom of the ladder. It may hold the promise of incredible cures. It is a great source of stem cells. They are very malleable, the pluripotent stem cells that are taking place that are in this as well. That may be another one on which we can join together. There is much news to celebrate on the stem cell front, this being one.

In the placenta, I believe, they are finding a rich source of these pluripotent malleable stem cells as well—here another throwaway, if you will. That is an area we are going to be able to find and probably use more and more into the future for these very malleable, pluripotent stem cells from which we can create but use for additional amazing cures.

I want to recognize the work of my colleagues who are on the other side of this debate, Senator SPECTER from Pennsylvania, Senator HARKIN from Iowa—many others who have pushed for a long time in these areas, and much good has happened. In the cord blood banking, that has gone very well. In the adult stem cell research, that work has gone fabulously, as I just indicated to you. It is one of my clearest barriers, but not one of wisdom: Should we be funding something that is working or should we speculate on something that is not and is producing, instead, tumors? I think back that up with a number of research papers.

These are the two central questions. These are the two questions we will be debating throughout this period of time.

I doubt there is much surprise left on the vote, on how the votes will take place. It is an important debate. It does frame much of what we move forward with in this country and in places around the world. But these are the two central questions: Will we sanction the destruction of nascent human life with Federal taxpayer dollars? That is the central issue. Will we divert taxpayer dollars from adult stem cell research, which is working? So in the case of Dr. David Foege—and send these dollars to fund speculative research that likely will never produce any patient treatments? That is the second question with it.

I mentioned the first to be an insurmountable one. I think the second is one of wisdom: Should we be funding something that is working or should we speculate on something that is not and is producing, instead, tumors? I think back that up with a number of research papers.

Central to this debate is the issue of how we treat our fellow man. We would all agree, I hope, that individuals should be treated with respect. We would agree that we should avoid prejudice. We would agree that each individual has an inalienable right to life—my colleagues, my colleague from Iowa, myself, the President, those around, those watching would all agree that we each have an inalienable right to life—to live. We would all hold that the newly born through to the oldest members of our society. But when does that begin? The question that has vexed this body for some period of
time. Does it begin at birth? Does it begin before birth? When? Biology tells us that life begins much earlier than birth. Here I want to read from the “Human Embryology” textbook. It says this:

Although life is a continuous process, fertilization is a critical landmark under ordinary circumstances, a new genetically distinct human organism is thereby formed.

Such definitions are helpful in clarifying that human life does begin at the embryonic phase. Indeed, myself, my colleague from Iowa, the Presiding Officer all began at that embryonic phase, whether the embryo comes the old-fashioned way, via IVF or a product of various scientific methods such as SCNT human cloning.

With the scientific fact in hand, we evaluate the facts in light of our ethical framework. For instance, we know that the human embryo is a human life. What is human? How do we treat it? Human life has immeasurable value, from the youngest to the oldest. Human beings are ends in themselves. It is wrong to use any human as a means to an end. Any time throughout human history when we have done otherwise, we have regretted it.

Our value as people is intrinsic. I would say here, I am pro-life, whole life. I believe that all life is sacred, it is beautiful, it is unique, it is the child of a loving God, from beginning to end, it is true in the womb, it is true of a child in Darfur, it is true of a lady in poverty, it simply is true.

Yes, we want to treat people and help people who have medical conditions. But we must not trample upon any human to achieve such an end. This is because human beings are distinct and unique amongst all creation. I would note that Ronald Reagan had, I thought, a very folksy way of defining whether this was human life and whether it should be protected. In his 1983 essay on “Abortion and the Conscience of a Nation,” he put this in a very commonsense way.

Anyone who doesn’t feel sure whether we are talking about a second human life, should clearly give life the benefit of the doubt. If you don’t know whether a body is alive or dead, you would never bury it.

I think this consideration itself should be enough for all of us to insist on protecting the unborn. Very commonsensically, I say, but he doesn’t make the point. Will we do what is ethical with respect to our fellow man? This is one of the central questions of this debate.

Now during this debate some will argue that we should proceed with ethical embryonic stem cell research. Here I would distinguish between embryonic and some of the unquestionably ethical alternatives which we can talk about. With respect to embryonic stem cell research, through, as embodied in the guidelines of the President’s Council Research Enhancement Act, S. 5, how is it possible to ethically do something that is completely unethical—destroy another human life, innocent human life—for research purposes?

Arguments that the bill provides ethical guidelines, though well intended, I believe are misplaced. The ethics of S. 5 have nothing to do with protecting innocent life from destruction. They still fund, with taxpayer dollars, the destruction of innocent human life.

The ethics of S. 5 have to do with the process of how you donate young human embryos for destruction. Mr. President, we have had this debate before. We have had it the “no more” on this issue, and we have had it before regarding other issues. We had it with the fetal tissue research from abortions.

I wish to take the body back to 1991, the Coalition for Research Freedom, in a letter signed by many prominent patient advocacy groups who are advocating embryonic stem cell research today, were advocating fetal tissue research in 1991. They wrote this: Fetal tissue transplantation research is widely recognized as one of the most promising research avenues for such disease and disabilities as Parkinson’s, Alzheimer’s, diabetes, Huntington’s, leukemia, epilepsy, spinal cord injuries, and many other chronic health conditions.

Doesn’t that sound familiar, Congress responding to the emotional outcry with legislation to provide for funding for unethical research, research that can only take place with the trampling of the rights of a fellow human.

That was 1991. Those were the promises. That was the move forward by this body. That is what was pushed on forward. We know what happened. It was on the front page of the New York Times in 2001. The news story began like this:

A carefully controlled study that tried to treat Parkinson’s disease by implanting fetal cells into patient’s brains not only failed to show an overall benefit but also revealed a disastrous side effect, scientists report.

In about 15 percent of patients, the cells apparently grew too well, churning out so much of a chemical that controls movement that the patients writhed and jerked uncontrollably.

The story continues:

“They chew constantly, their fingers go up and down, their wrists flex and distend.” Dr. Greene said. And the patients writhe and twist, jerk their heads, fling their arms about.

“It was tragic, catastrophic,” he said. “It’s a real nightmare. And we cannot selectively turn it off.”

One man was so badly affected that—

We will see what happens. Hopefully, the sound will come back in a little while.

One man was so badly affected that he could no longer eat and had to use a feeding tube, Dr. Greene said. In another, the condition came and went unpredictably throughout the day, and when it occurred, the man’s speech was unintelligible.

For now, Dr. Greene said, his position is clear: “No more fetal transplants. We are absolutely and adamantly convinced that this should be considered for research only.” The pattern repeats itself. It is a double tragedy. First, the young human life is destroyed. Second, it is patients who will likely be harmed. There are no embryonic human treatments or applications, despite 25 years of embryonic work in animal models and a decade of work with human embryonic stem cells.

I repeat that. Twenty-five years of embryonic work in animal models, there are no human treatments, and a decade of work with human embryonic stem cells, no treatments.

What we do know about embryonic stem cells is that these cells are very good at forming tumors, in particular. The literature abounds with such stories. One example is in an area published last year in Stem Cells. You read the article and find: The expression of the insulin gene could be demonstrated only when the cell is differentiated in vivo into teratomas, those are tumors.

This is one example and there are many others. I wish to point this out because this was the same result we saw taking place with fetal tissue research, was that tumors were formed. That is what took place.

I wish to go to several of the articles now that are published in the formation of tumors by embryonic stem cells. Note this one on the insulin gene, this was in the publication Stem Cells, published August 2 of 2006—have another one published April 6, 2006. It is reported there that the potential for teratoma development in embryonic stem cell lines, even after prolonged differentiation. I have a series of articles. Here is one in Neurochem, 2006, June, with frequent tumor-related deaths in transplant animals taking place in that one.

Here is one in Stem Cells in June of 2006. There they note that rats grafted with human embryonic stem cells developed severe teratomas—again, tumors.

The literature is full of that work. These are developing tumors. We note in Stem Cells publication, June of 2006, more than 70 percent of mice that received embryonic stem cells neural precursor cells developed teratomas, developed tumors.

I have a series of those publications, all noting the stem cell therapy in animal models produced tumors. That is what we found took place in fetal tissue research when we were dealing with an older set of cells that had been developed, and now when we back it up to a younger set of stem cells or cells that are using, we are seeing this same feature forming teratomas or tumors throughout each of the research animals and in some cases in almost every circumstance.

That is what we found then, and we are finding the same thing now, consistent on the research. I have, for those who are interested, if any of the offices are interested, 17 different examples of the formation of teratomas
by embryonic stem cell work in lab animals. Let’s not go down this road of unethical, speculative research. I am sure the research is interesting to some. But the Government needs to pursue what needs more funding in the adult stem cell, cord blood, amniotic fluid, and that money is being diverted to other places.

Now let us move from that ethical to the practical question: Should we put millions or billions of dollars into interesting, speculative research on tumor-forming embryonic stem cells or should we put our money where we are already getting strong results with adult stem cell work, cord blood, amniotic fluid, other areas where there is no strings attached. Adult stem cells have no ethical strings attached. You can get them from an adult patient without causing the patient harm, you can harvest them from the rich cord blood, and as noted by the American Medical Association on March 7 of this year, they can be obtained from amniotic fluid, which I previously cited, without causing harm to the unborn child.

Defying the naysayers, who said this could not work or would not work, there are so many confirmed adult pluripotent stem cells, pluripotent cells, that means they can form a number of different types of cell types, previously thought to only exist in the embryos, can turn into virtually any cell in the body.

And here I want to show—first, let us go to the chart of the areas that were having treatments taking place by adult stem cell therapy. I wish to hold on to this up. I do not think this is a complete set of areas but 72 current human—this is in humans—clinical applications using adult stem cells: blood conditions, autoimmunity, bladder disease, cancer, cardiovascular, liver disease, ocular, wounds and injuries, metabolic disorders.

You can see the list of 72 different areas that are being treated with adult stem cells in humans, in human trials. I wish to show my colleagues—I will be happy to provide this to any offices that would like it—it is about an inch-thick binder of “New Reasons for Hope.” These are recent developments published since Congress’s stem cell debate and vote of 2006 and the adult stem cell research and other alternative to embryonic stem cell work and research.

This is from June 2006 to March of 2007. Here are the number of additional areas that we have gotten successful work taking place in each of these. I wish to show this as a folder—I have shown it before to my colleagues—if anybody would like to see this. These are the recent advances in adult stem cell research and other alternatives. This is a binder about 4 inches thick, full of the front pages, just the first pages of the research in these fields of what is taking place. There needs to be more talk in this thing to get more of the treatments for more people like David Poege.

If people want to go to the Web site of ClinicalTrials.gov and pull up the most recent number of studies and places that are recruiting patients or are filled and no longer recruiting, it pulls up 1,422 studies currently ongoing. This is the first of 50 pages from ClinicalTrials.gov of the various areas and uses of adult stem cells that are going on right now.

Let’s look at the funding chart. Presently, there is no prohibition against anybody developing new embryonic stem cell lines legally. If a private group were a state wanting to treat a new embryonic stem cell line, they can. The limitation is on the use of Federal taxpayer dollars in research areas on newly established embryonic stem cell lines. But if a group wants to develop an embryonic stem cell line or a State, they can do that now.

Let’s look at the funding that has gone into embryonic stem cell research, both human and nonhuman. In fiscal year 2006 we said that we have full data for human embryonic stem cell research, $37.8 million, nonhuman embryonic stem cell research, $10.4 million; for 2002 to 2006, human embryonic stem cell research, $132.1 million and nonhuman embryonic stem cell research, $481.7 million; for a total of $613.9 million in embryonic stem cell research. We are putting a lot of money into embryonic stem cell research. Still the scoreboard of where we were 25 years of knowing about this, 10 years of knowing about it in humans, and after $613 million in funding.

After some period of time, should we not think, wouldn’t it be better if Dr. David Poege were being treated in the United States instead of Thailand and we had more of that work that is getting him treated taking place here rather than in other places around the world? Wouldn’t it be better to take the $613 million and could yield more treatments, if that is what we are after, wouldn’t it be better to take that $613 million and say: Let’s put more in adult stem cell research where it is yielding results?! Doesn’t that make sense? Where are we going to put this money? Where we have all of this that is producing results, after 25 years we don’t have anything here. That is not fair to say. I am sure we have interesting research information that has come up through those 25 years. But I am sure there has been useful research, but it involves the destruction of young human life.

Before people who are watching this think: You have a cure for me in the adult stem cell area, I want to make sure to put forward that many of these are in clinical trials today. Not all of these are widely available yet. However, there has been success full of these areas using adult stem cells. For some of these treatments adult stem cells were the main component. In others adult stem cells were the part that helped the main component to work. All of these are real and legitimate.

On the eve of last week’s biologic debate, some scientists took it upon themselves to criticize this list by publishing a letter in the Journal of Science. In January this year, Science published a response to this initial letter. It is important that we put forward here the context of the adult stem cell treatment that has yielded so many human treatments to date. I want to put this in context.

In their letter “Adult Stem Cell Treatments for Diseases?” S. Smith et al. claim that we misrepresent a list of adult stem cell treatments benefitting patients.

But the irony is that the authors who misrepresent our statements and the published literature, dismissing as irrelevant the many scientists and patients who have shown the benefits of adult stem cell treatments.

We have stated that adult stem cell applications have “helped,” “benefited,” and “improved” patient conditions. Smith et al.’s supporting online material repeatedly notes patient improvement from these cells. We have never stated that these treatments are “generally available,” “cures,” or “fully tested” but we have used the most advanced trials and approved by the U.S. Food and Drug Administration (FDA).” Some studies do not require prior FDA approval, and even the nine supposedly “fully approved” treatments acknowledged by Smith et al. would not be considered “cures” or “generally available” to the public at this stage of research.

The insistence that no benefit is real until after FDA approval is misplaced. Such approval is not a medical standard to evaluate patient benefit, but an agency determination that it benefits outweigh risks in a broad class of patients.

Physicians and patients use an evidentiary standard. Our list of 72 was compiled from peer-reviewed articles, documents observable and measurable benefit to patients, a necessary step toward formal FDA approval and what is expected of new, cutting-edge medical applications. As this debate moves forward, I look forward to sharing the stories of some of the real patients who have benefited from ethical adult stem cell research.

This is more important than ever. We have more patients who need treatment. We have an area of high-yield Federal dollar investment where it should go, and we don’t have the ethical barriers. We should be putting money there; 72 to 0, that is the score. These are at least 72 human treatments and applications using adult stem cells. There are no human treatments with embryonic stem cells. With the rate of tumor formation which I previously noted, none seemed to be on the horizon soon. This is acknowledged by some scientists. Notably, Science carried a piece in 2005 in which the authors note:
... the clinical benefits of the research are years or maybe decades away. This is a message that desperate families and patients will not want to hear.

Yet we do have a message that desperate families and patients do want to hear: that is that we have treatments on the horizon, and we do in the adult and cord blood and amniotic fluid. We need the research money.

Harvard stem cell researcher David Shaywitz wrote in a 2005 Washington Post op-ed:

While stem cell advocates have helped voters connect embryonic stem cell research with compelling images of patients who might one day benefit from treatment, such therapies are unlikely to emerge soon enough to benefit most current proponents.

... scientists must do a better job of articulating the limitations of our existing knowledge, taking care to emphasize not only the ultimate therapeutic potential of these cells, but also how far we are from achieving that threshold.

Which road will we choose? Will we choose the ethical adult stem cell road that holds great promise and is currently producing treatments, or will we choose the unethical embryonic stem cell road that tramples on human dignity and creates tumors to date? That is the point of the discussion.

This is not just an academic discussion, nor is it just a policy discussion. It involves real people. I showed you one person who was a real person. I started off with talking about David Foege who is excited about being alive. Let me show you Jacki Rabon, a paraplegic. I met Jacki last year. She has continued to improve. I want to share her story with you.

She lives in central Illinois. She had come to DC last year with her mother and sister because she wanted to tout her successful adult stem cell treatment. The courage of Jacki and many others like her is truly amazing. Years earlier, at age 16, she was paralyzed in an automobile accident. As the car was flipping multiple times, Jacki was thrown from the vehicle and landed on her back on a country road. Her dreams of earning a volleyball scholarship for college were shattered.

In a letter sent to me last year, Jacki wrote this:

That day changed my outlook, my future aspirations and my complete life. Before the accident, I was an active 16-year-old, very much in the positive category. I played volleyball in school and was very good. I had hopes of going to college on a volleyball scholarship. I truly was living a nightmare after this tragedy. I really thought my life was over. I couldn’t imagine not playing volleyball anymore, jumping on my trampoline with my young nephew, chasing after my niece or just taking a walk around my small community. Not only does something like this change the victim but it also disrupts and seriously affects your family.

I spent a little over a month in the hospital. I had back surgery to stabilize my back. I had a fracture at the T12 area, which made it hard for me to feel the knee button. I had to learn to become independent again. I had to learn to dress, bathe, transfer from place to place, and take care of my personal hygiene and toiletry issues. It was so difficult and I struggled with these once simple tasks. After I accompanied the physical therapist to my home, I was simply told, “You’ll never walk again.” That was my prognosis.

I got back to work later and that was another adjustment. Everything looks and works differently when you are sitting in a wheelchair. I had to deal with a lot of depression. But I tried to continue with my life the best way that I could. I truly believe that my faith got me through. If it wasn’t for this amazing love of God and my determination I don’t know if I could have proceeded with what my life had become. But I have great determination along with the comforting faith and I dig up that easily. I wanted to give life another opportunity with my new “lifestyle.”

Can you imagine the anguish of being a 16-year-old, your whole life in front of you, and then being confronted with this sort of tragedy?

Jacki was very fortunate, however, to have so many people who were looking out for her. Her pastor saw a PBS show called “The Miracle Cell,” about a procedure called Olfactory mucosa transplantation being done in Portugal by Dr. Carlos Lima. The work involved transplanting adult stem cells from spinal cord patients’ own sinus area into their spinal cord at the initial injury site.

This gave Jacki real hope. Continuing her letter, she wrote:

I listened to amazing recovery of returned sensation and even the ability to walk again! My mom and sister have attended seminars after having this surgery. I remember thinking, “There’s my chance!” I knew I wanted to pursue this possibility for me.

My mom and I started researching this procedure on the Internet and collected as much information that we could. We discovered a Spinal Cord Injury Institute getting ready to open in Detroit, Michigan, that summer. This institute was closely associated with Dr. Lima. We called to see if we could get an appointment to go and meet Dr. Lima. Unfortunately, but then they realized I was the right person and I should take the procedure in depth and inquire about my chances of getting it done.

I did go to Detroit and was told that I could well be a good candidate. I was given the guidelines and criteria for having this done. After many months of additional testing, x-rays, etc., I was accepted.

This was very exhilarating for me. I had read about the success stories of the individuals that have gone before me. Their various success stories brought much hope.

I had so much support from my family, friends, church, community and surrounding areas to raise the $60,000-90000 needed to have this surgery. The overwhelming support I could not have gone forward with this incredible opportunity.

I went to the show a few months before October 2005. I had the procedure done on October 29th. My experience in Portugal was not all pleasant.

... the United States—and aggressive rehab. But I had to leave the comfort of my home and country and travel to a foreign area to get this done. Now that is sad, isn’t it?

This tragedy that happened to me can happen to anyone. It could be your wife, husband, son, daughter or friend. What would you want for them? Simply a statement, “You never will walk again.” or “Never give up hope there is a better option for you.”

Jacki Rabon writes:

Wake up United States! We are missing out. Let’s look at the issue in a more personal level—I can walk again.

Sincerely,

JACKI RABON, Waverly, IL.

These are the moving words this courageous young lady wrote last summer. Jacki’s progress does continue. We received an e-mail from Jacki’s mom, Becki, in the last few weeks. Becki Rabon writes:

Jacki is doing wonderfully. She did have a slight hip problem a few weeks ago. She was experiencing a lot of pain. We had x-rays, ultrasound and lab work.

Thank God, it was only tightness in her hip muscles. The pain of course was not good but it was in a way that is good since she is getting more strength in her legs.

Otherwise, she is still walking with her braces and a walker at our church. She walks independently now. All I do is help her carrying the braces and holding the walker while she stands up. Then she can walk by herself. The distance has increased recently. For her is to start walking outside and at home she needs to be on more normal terrain.

This is an amazing story, and the science that has gone into Jacki’s...
treatment is truly revolutionary, miraculous. Adult stem cell therapy—what could it do with another $600 million? How far along could we be?

A June 2006 study in the Journal of Spinal Cord Medicine reported on Dr. Lima having transplanted nasal stem cells taken from patients who suffer spinal cord injury. The patients regained some motor function and sensation, and two patients showed bladder control improvement.

Most of the adult stem cell work in this area is still being done in lab animals, but it is already starting to have human applications. You have to ask yourself, why would we want to go down the unethical embryonic stem cell road when the doors are already open by adult stem cells and you already have these types of human stories taking place? Why, when we have something that is working?

Shown in this picture is Jacki Rabon. I am going to tell an amazing story about her. Her name is Jacki Rabon. She came in to testify in the Senate Commerce Committee Subcommittee on Science and Technology. He testified in 2004. He suffered from Parkinson’s disease. I want to read portions of his testimony. This is how his story went:

For 14 years I’ve had Parkinson’s Disease. This irreversible disease involves the slow destruction of specialized cells in the brain, called Dopamine Neurons. By early 1991 I suffered extreme shaking of the right side of my body, stiffness in my gait and movement. After some years of medication, I developed fluctuation and poor response to Sinemet. This made daily activities needing the coordinated use of both hands hard or impossible, such as putting in contact lenses. My disability prevented me from using my right arm.

Other than my Parkinson’s symptoms I was physically very active and fit. Because of this, I felt that I’d be a good candidate for an experimental treatment. He explained that he would take a very small tissue sample from my brain, removing its adult stem cells. He would then multiply and mature these cells into Dopamine Neurons, then inject these cells back into the left side of my brain. He proposed treating one side because it controls the right side of the body, the side with the most severe Parkinson’s symptoms.

Dr. Levesque did not tell me that this treatment would permanently cure my condition. Science has yet to learn what causes Parkinson’s Disease, much less how to remove it. However, since this cell-replacement therapy has never been tested in a human patient we hoped for the best. And since my only other realistic alternative was to continue growing worse until I eventually died, I was more than willing to accept the surgery procedures in 1996, one to remove the tissue and another to inject the cells. I was awake for both procedures, under local anesthesia.

Soon after having the cells injected my Parkinson’s symptoms began to improve. My trembling grew less and less, until to all appearances it was gone, only slightly reappearing on an upswing. Dr. Levesque had me tested by a Neurologist, who said he wouldn’t have known I had Parkinson’s if he had met me on the street. I was once again able to use my hand and arm normally, enjoying activities that I had given up hope of ever doing.

Since being diagnosed with Parkinson’s Disease my condition had slowed, but continuously worsened. I can’t say with certainty what my condition would have been if Dr. Levesque had used my own adult stem cells to treat me. But I have no doubt that because of this treatment I’ve enjoyed five years of quality life that I feared I had passed on. Last year, after 4 years of being virtually symptom free, my Parkinson’s symptoms began reappearing in my body’s left side. Today I have less degrees of trembling in both hands, although I feel that the left is slightly worse. Nevertheless, I wouldn’t hesitate for a second to have Dr. Levesque use my adult stem cells a second time, since in my case they were safe, effective, and involved no risk of rejection. Because of my improvements through Dr. Levesque’s treatment I’ve been able to indulge in my passion for big game photography these past 5 years.

This man suffering severe Parkinson’s for 5 years being able to indulge in his passion for big game photography.

While on safari in 2001 I scrawled up a tree to avoid being run over by a Rhino. I swam in the South Atlantic with Great White Sharks. Two weeks ago I returned from Africa photographing Cheetahs and Leopards in the wild.

This is a man with severe Parkinson’s.

Here are a few examples of the pictures I took. They represent memories and experiences I feel I have Dr. Levesque to thank for. I came here to offer him my sincere gratitude, and to offer others with Parkinson’s a concrete reason for hope. This summarizes my history with Parkinson’s and the positive effects I experienced through a treatment that used my own adult stem cells. I’m very happy with its results and would dearly love to have a second treatment.

Mr. President, I cite this example because here is a route forward for us. We want to treat people with Parkinson’s. Here is a route forward that has been shown to be safe and effective, with positive results for a period of time. Why would we want to waste that? Why wouldn’t we want to fund that and to use it aggressively?

The PRESIDING OFFICER (Mr. CASEY). The Senator’s time has expired.

Mr. BROWNBACK. Thank you very much, Mr. President. I yield the floor and will continue to use more of my time later.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, I rise today to urge my colleagues to vote yes on S. 5. This is a bill that will bring hope to millions of Americans and their families. This is the bill, this is the opportunity for us to move forward on critically needed research. By passing the Stem Cell Research Enhancement Act, we can make a major step forward in scientific research and bring hope and help to millions of Americans fighting a debilitating disease every day.

I think we all have members of our own families who can speak to those issues—Parkinson’s, Alzheimer’s, juvenile diabetes, other kinds of diseases—where we know with a little bit of help and focus, both in terms of stem cell research but also in terms of funding research, we can see huge changes, huge opportunities for treatment and for possible cures. That is what this bill is about, that is what we move forward in a positive way and pass this bill as quickly as possible.

It is very sad we have this issue up before us again. In the last Congress, the Senate passed legislation to lift the President’s restrictions on Federal funding for embryonic stem cell research. By wide margins, the majority of Americans supported this legislation, and still support this legislation. Unfortunately, the President issued his first and, so far, only veto to strike down our legislation. So we are back here again.

I see Mr. HARKIN, a great Senator from Iowa, on the floor. I commend him for his leadership, and so many of my colleagues today. Senator FEINSTEIN was on the floor, and I thank her, certainly, for her leadership, as well as Senator KENNEDY. So many people have worked so hard in bringing us to this point. I thank our leader, our Senate majority leader, Senator HARRY REID, for making this a priority as an agenda item for us in the Senate.

I know how deeply personal this issue is for many people. I respect that many of my colleagues have differing views on stem cell research. I have also studied this issue very extensively. Over the past several years, I have met with people from all different faiths, all different backgrounds, from religious figures to medical researchers on the cutting edge of breakthrough technology. I have met with mothers who have to give multiple daily injections to their children to help them make it through the day.

They argue that many diseases and chronic conditions—as I have mentioned before, diabetes, and also ALS, Parkinson’s, spinal cord injuries, many types of cancers—will be treated or even possibly cured with stem cell research. Too many families are struggling to care for children with diabetes or watching elderly parents succumb to Alzheimer’s disease, like my husband did, or like my grandmother, who died of Parkinson’s disease.

Many Americans suffer from illnesses that make ordinary things such as daily household chores nearly impossible. As cochair of the Senate bipartisan Parkinson’s Caucus, I receive letters and calls from people all across our great Nation on how important stem cell research is to them. How important this legislation, this opportunity at this time is to them and their families.

I have met many Michigan families dealing with chronic health issues every day. For example, a wonderful advocate and friend, Bob Kullgren, from Grand Rapids, shared with me his daughter Kate’s story.
When she was 12 years old, she was diagnosed with juvenile diabetes. Her family took her for multiple visits to the hospital and injected her with insulin three to four times every single day. These routines only helped to manage Kate’s disease, not cure it.

As a teenager, Kate worked as a counselor at a camp for children with diabetes. She watched as some of her fellow counselors began experiencing the early childhood blindness caused by their juvenile diabetes. I cannot imagine how terrifying it must be to begin to go blind when you should be thinking about going to the prom or graduating from high school. None of us wants that for our children.

Another bright young woman who has visited my office several times is Julielyn Gibbons. For over 12 years, Julielyn has lived with Crohn’s disease. It is a disease that causes intense abdominal pain. For her, stem cell research offers the promise of not only curing this lifelong debilitating disease but also the hope of being able to live a normal life. She e-mailed me:

I want to be able to bring children into the world knowing that they will never have to suffer as I have, and that possibility best exists through stem cell research.

S. 5, a strong bipartisan bill, is an important and, in fact, a critical step forward toward giving Jullyelyn and Kate that hopeful future we all want for our children. S. 5 expands Federal financing of research on additional stem cell lines created from embryos freely donated from in vitro fertilization that are sold by a strict ethical guidelines. These embryos are frozen and will likely be destroyed. Think about that. These are frozen embryos that will likely be thrown in the garbage can. They are being thrown away. Which is worse than nothing, to have the opportunity to use those cells, those precious cells to be able to create life, to create cures, or to see them thrown away? That is what is happening right now.

This bill also would authorize the National Institutes of Health to look at other ways of creating new stem cell lines. This does not preclude other opportunities for research. In fact, this is a bill to make it clear we want to use every possibility to save life, to be able to cure diseases, and that we will continue to see that is done with the highest ethical standards, which is what is guaranteed under this legislation.

The administration’s policy, frankly, is tying the hands of scientists and impeding their progress on treatments and cures for diseases that families every day are waiting for. Sean Morrison, the director for the University of Pennsylvania Center for Stem Cell Biology, told me the federally approved lines are of limited use because they are not genetically diverse enough to realize the full potential of this research—so many more are needed. In other words, we don’t have enough right now. We can’t do what needs to be done, what families are asking for across this country.

While we look toward the future, we should remember those who have passed while we have had this debate as well. Every day the clock is ticking on somebody who is ill. Every day the clock is ticking on somebody with a fatal disease who could be helped in some way doing everything we could to provide the research and the cures and the treatments. What pains me the most is that some of the brave advocates I have had the privilege to meet during my congressional career are no longer here today. They are no longer here this week to see this vote. Hopefully we will not have many more people who will be seeing their lives deteriorate or lose their lives before we are able to actually begin to do what needs to be done with this research.

It is for them and for all the families I have met that I will cast my vote this week, a vote for life, for hope, for a bright future. I know the cures won’t come tomorrow, they may never come if we do not act now. I urge all of my colleagues to vote yes on S. 5, and I urge the President of the United States to do what is right, to do what the overwhelming majority of the American people are asking him to do and ask him to do to which is to say yes to lifesaving research, to say yes to that which will provide hope for a cure. I hope we will say yes in a very large margin to S. 5.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll. The legislative clerk proceeded to call the roll.

Mr. HARKIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

Mr. President, without objection, it is so ordered.

Mr. HARKIN. Mr. President, how much time is remaining on our side in this round?

The PRESIDING OFFICER. There is 42 minutes.

Mr. HARKIN. Mr. President, I yield 10 minutes to the distinguished Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I thank the distinguished Senator from Rhode Island.

I speak today in support of S. 5, the Stem Cell Research Enhancement Act, offered by the majority leader, to whom we all owe a debt of gratitude for bringing this important bill to the floor. As a new Member of this body, as is the Presiding Officer, it also gives me great pride to express my appreciation for the leadership of Senator HARKIN, Senator SPECTER, Senator KENNEDY, and Senator HATCH, whose voices over the years have placed us in the position to pass this legislation, as I hope we will tomorrow.

I also wish to recognize the exceptional work and extraordinary leadership of my colleague and friend from Rhode Island, Congressman LANGEVIN. Congressman LANGEVIN has been both a State and national leader on this issue, championing the passage of H.R. 810 in last year’s Congress and of H.R. 3 in January, as well as playing an integral role in Rhode Island’s stem cell dialogue. Just today he was with our Lieutenant Governor Elizabeth Roberts, as she issued her report, “Discovering Rhode Island’s Stem Cell Future: Charting the Course Toward Health and Prosperity.” This report is an important step toward developing a comprehensive statewide plan for stem cell research initiatives in Rhode Island.

Congressman LANGEVIN did not arrive at his position on stem cell research easily. He grappled, as we all do, with the ethical and scientific issues involved, meeting with a host of individuals and groups spanning the ideological spectrum. After serious and heartfelt consideration, he concluded, as he has shared with many of our colleagues, that a central part of his deeply held beliefs about life is a commitment to those who are challenged by diabetes, by heart disease, by Alzheimer’s, by Parkinson’s, by spinal cord injury, by stroke, and by the myriad of diseases and conditions that stem cell research might help or even cure. I share this deep commitment to stem cell research and a sincere optimism about the hope it offers for so many lives.

I want to share the story of one of those lives. It is the story of Lila Barber, a 12-year-old girl from Westerly, RI, who came to visit me here in Washington 2 weeks ago. In 2005, Lila started experiencing pain in her leg. The pain got progressively worse over a 5-month period, until it was keeping her, and her parents, up all night. The Barbers began a medical journey, from doctor to doctor and test to test, only to be told that Lila had bursitis. As it turned out, Lila had osteosarcoma, a cancerous bone tumor on her tibia below her knee.

Years ago, doctors would have had no option but to amputate Lila’s leg. But reconstructive techniques have improved, and most limbs can now be replaced with a metal and plastic artificial joint or a cadaver bone transplant. Fortunately, Dr. Richard Terek, an orthopedic surgeon specializing in musculoskeletal oncology at Brown University, was able to save her leg using such a cadaver bone transplant, which preserves as much normal tissue as possible. In the year following Lila’s surgery, she was home-schooled as she underwent 16 rounds of chemotherapy. Lila’s chances of long-term survival are now good—75 percent.

But even if Lila remains cancer free, she will face a painful and ongoing medical struggle. Since the donor bone and cartilage are not living, Lila’s transplanted tibia will not grow as she does. Even worse, it will break down over time. This is a place where stem cell research could vastly improve care.
for cancers like Lila’s. In the short-term, stem cell research could allow surgeons to develop techniques to use Lila’s own cells to biologically and mechanically enhance bone tissue transfers. That is, Lila’s own stem cells could be used to repopulate the lost bone and cartilage. In the longer term, stem cell research might allow scientists to grow entirely new replacement bones and joints. One day, children with osteosarcoma and other bone tumors might receive new bones that actually grow with their bodies into adulthood. Such bone tissue enhancements would also be beneficial to individuals with injuries from accidents, sports injuries, or just the wear and stress of age. This is just one area of promise in the broad landscape of hope stem cell research opens to Americans.

As for Lila, with frequent monitoring from Dr. Terek, and sporting a bright bandanna on her first days back to school in the seventh grade, she is getting back on track. She even attended the Nickelodeon Kids’ Choice Awards last weekend, a trip made possible by A Wish Come True, an organization in Rhode Island that grants wishes to children with life-threatening and terminal illnesses. For the Barbers’ family, their greatest wish is for Lila’s good health. Stem cell research holds the promise of making that wish, and millions of wishes like the Barbers’, come true. Let us throw off the ideological shackles constraining progress imposed by the bleak and benighted policies of the Bush administration. Let us all support S. 5 and embrace the promise for life and health and hope and cure that these discoveries present to mankind.

I thank the majority leader for sponsoring this vital legislation. I thank the Senator from Iowa for his leadership on the floor.

I yield the floor.

Mr. HARKIN. Mr. President, I am glad to yield 10 minutes to the distinguished Senator from Maine.

Mr. President, first, let me thank the Senator from Iowa for yielding time to me.

As a longtime supporter of stem cell research, I am pleased the Senate is once again taking up the Stem Cell Research Enhancement Act. I am very proud to be a cosponsor of this bipartisan bill. It will expand the number of stem cell lines that are eligible for federally funded research, enabling scientists to take full advantage of the scientific and medical opportunities provided by stem cells. At the same time, the bill establishes clear standards to ensure this research is conducted ethically.

The promise of embryonic stem cell lines is in their potential to develop into virtually any cell, tissue, or organ in the body. As a consequence, this research holds tremendous potential to treat, and perhaps even cure, a vast array of diseases and conditions. Researchers could, for example, potentially generate insulin-producing islet cells for patients with juvenile diabetes; neurons to treat Parkinson’s disease; as well as bone and bone marrow cells to treat cancer. It is estimated that more than 100 million Americans are afflicted by diseases or disabilities that have the potential to be treated through this promising research.

I have heard some of our colleagues today, in arguing against this bill, say that the promise won’t be fulfilled, that it is overblown, and that it is raising false hopes. I cannot say for certain what avenue of scientific research is necessarily going to produce the results all of us hope for, but surely it makes no sense to cut off a promising source of research that could benefit listers’ stem cell lines, at best, no more than 22 lines will ever be available for research under the current policy. Moreover, as Dr. John Gearhart of Johns Hopkins University told the Special Committee on Aging last year, existing stem cell lines that were created prior to 9 p.m. on that day.

In the 5½ years since the President made that announcement, this stem cell policy has fallen far short of its original goals. While the Human Embryonic Stem Cell Registry at the NIH listed 78 stem cell lines, at best, no more than 22 lines will ever be available for research under the current policy. The legislation has other important safeguards that require informed consent of the donors, and it prohibits any financial inducement to donate. Finally, the bill calls upon the NIH to develop strict guidelines to ensure that researchers adhere to clear ethical and moral standards.

As the founder and the cochair of the Senate Diabetes Caucus, I am particularly excited about the promise stem cell research holds for an ultimate cure for diabetes. Early research has shown that stem cells have the potential to develop into insulin-producing cells to replace those which have been destroyed in individuals suffering from type 1 diabetes.

During the last Congress, I chaired a hearing in conjunction with the Juvenile Diabetes Research Foundation Children’s Congress to examine the devastating impact juvenile diabetes has had on too many American children and their families. We heard heartbreaking testimony from children who traveled here to tell us what it is like to live with juvenile diabetes, just how serious it is, and how important it is that we fund the research necessary to find a cure.

One of those was a constituent of mine from Falmouth, ME, Steffi Rothweiller. She told the committee that she could not remember having a normal life without diabetes. She described her parents, who have given up a full night’s sleep and their weekends, on guard every hour of every day to make sure Steffi’s diabetes is controlled as tightly as possible so that she can stay as healthy as possible. Steffi asks that we do all we can to find a cure for diabetes as quickly as possible. We simply cannot ignore the potential embryonic stem cell research holds for children like Steffi.

I am sensitive to the ethical concerns raised by opponents of this research. But I wish to emphasize once again that the cell clusters which will be used for this research would otherwise be discarded. In my view, the ethical choice is to use them for research that may benefit millions of Americans rather than just discard them as medical waste.

Moreover, what is often ignored in this debate is that embryonic stem cell research is now occurring in the private sector and in other countries outside the purview of the NIH. Therefore,
if we could extend these ethical guidelines that routinely accompany federally funded research, all of us should be for that as a goal.

I wish to quote testimony from Dr. Allen Spiegel, who was, at the time, Director of the National Institute of Diabetes and Digestive and Kidney Diseases. He made that very point at our 2005 hearing on juvenile diabetes. He testified that, while NIH routinely worked very closely with the private sector in the area of stem cell research, “there is a wall.” By expanding our current stem cell policy, we can tear down that wall, allowing for more research and ensuring that it is conducted with clear ethical standards.

Now, the other argument we always hear is that we don’t need to have this kind of stem cell research because adult stem cells derived from tissue, such as bone marrow, are a sufficient replacement for embryonic stem cells in forwarding this important research. That is both of the limits. But, again, as Dr. Spiegel testified at the hearing that I chaired with regard to diabetes research:

We need to do embryonic stem cell first because it gives us a better understanding of what causes type 1 diabetes . . . because it will actually inform our ability to work with adult stem cells . . . and finally, because, and one cannot guarantee or promise this, the embryonic stem cells themselves, if successfully turned into insulin-secreting beta cells, could be the source of cell therapy.

That is the testimony from the experts. It would be tragic not to take advantage of this opportunity to accelerate research that can potentially help millions of people suffering from devastating illnesses. I urge our colleagues to join in voting for this important legislation.

Again, I thank the chairman for yielding me time. This is legislation that truly can make a difference to the lives and well-being of so many Americans and families.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Mr. President, I thank the Senator from Maine for her very eloquent statement regarding this bill. The Senator is right on the mark in talking about the ethical—if I can get her attention for a second—part of this issue.

As the Senator knows, in S. 5, we have very strict ethical guidelines. One, the only embryos that can be used are those slated to be discarded anyway from our IVF clinics. Secondly, there has to be written informed consent by the donors. And, third, there cannot be any monetary or other kinds of inducements at all to the donors of these embryos. Those guidelines are actually stricter than what is in law right now. As the Senator knows, we have these strict guidelines.

The other point the Senator brought up, if she has a minute for me to explore this point with her a bit, is that we have in vitro fertilization clinics. My information is that last year about 50,000 babies were born by IVF. I have friends of mine who have had children thanks to IVF; otherwise, they would never have had children. Obviously, there are some embryos left over. They would not be killed just for lack of use, but they would be used for embryonic stem cell research because they are not going to have any more children.

So it seems to me the ethics question is, are we just going to discard them as hospital waste, which is done every day, or would it actually be ethical to say let’s use those with the strict guidelines we have to save lives, to make life better, to ease suffering and pain?

The Senator from Maine put her finger on it. That, to me, is the ethical way. I would think. What my bill is trying to do is to let those donors of those embryos say, yes, to do this. You can do that, and use that for research. I thank the Senator from Maine for her contribution.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, if the Senator will yield for just a moment so I can respond to the excellent points that he made, first, I commend Senator HARKIN, Senator SPECTER, and others who have worked on this bill for including those clear safeguards. This isn’t a case where anyone is going to be selling the left over, unused embryos from in vitro fertilization. In fact, the bill actually prohibits any financial inducement, any sort of money changing hands. So that is an important safeguard.

But the Senator put his finger on what I think is the primary ethical choice. The left over cell clusters are going to be discarded. They are going to be discarded. They are discarded every day, every month, every year as medical waste. How much more enhancing it would be to use them for research. You could have an embryo that could go on to live a much longer life, that could improve the quality of life for someone suffering from juvenile diabetes or Parkinson’s or Alzheimer’s or other devastating diseases.

I believe this bill is a very ethical bill that will help move us forward in the search for better treatments, for better diagnostics, and someday a cure. I cannot believe that we would cut off such promising research when we know it can bring about an ethical and a humanitarian contribution.

I applaud the Senator for his leadership in this area. I hope we will proceed to a very strong bipartisan vote in support of legislation that means so much to the American family.

We do a lot of debate on this Senate floor, but it is in that I have a debate on an issue that touches so many Americans personally. All of us have family members who have suffered from these devastating diseases, and therefore do not promise but offers the potential for research that could really make a difference.

I thank the Senator. I am very happy to join him in this effort.
April 10, 2007

CONGRESSIONAL RECORD — SENATE

S4267

Hopkins University, the University of Maryland Medical Center—all on the leading edge of research technology. S. 5 will help us maintain our pre-eminence in medical research, as well as help millions of people as we make advancements in medical research. It allows the medical researchers to have the tools necessary to help him so one day he can walk again.

One of my closest friends—my closest friend in law school—Larry Katz, when he was a very active attorney in Balti-
that individual is able, through their grant, to donate their organs in order to save another life.

This is the same principle in terms of naturally dead embryos. Embryos develop for in vitro fertilization, after 3 days, are implantable viable embryos. In 4 days, additional embryos are created with the cell mass necessary to become a viable fetus and ultimately a human being. But after the seventh day, which is called level III, or the Gardner III principle, the embryonic stem cell embryos are clinically dead, although cells within the embryo are alive. That is the same principle as an organ donation from an individual who suffers from an irreversible cessation of brain waves.

S. 30, which I stand on the floor today to promote and commend to the Members of the Senate, does exactly and precisely what most of the Members of this body want to do, and that is further the NIH investment in embryonic stem cell research. I have already this morning, three of those lines happened to exist in the State of Georgia. Three lines currently under the grand-father clause issued by the President's Executive order in August of 2001, those three lines continuing to be funded by the National Institutes of Health, three lines that are contributing to the breakthrough or hopefully the steps of the breakthroughs, in terms of any number of cures, but in particular those of diseases that are of substantial human injury.

By adopting S. 30, sending it to the House and the House adopting it, and the President having said he will sign it, then we know we can break through this logjam and we can create additional lines for embryonic stem cell research and exponentially bring forward the public information that is necessary in the research and medical community. Because the critical benefit the National Institutes of Health investment makes is that it is the taxpayers' money.

I am proud to join Senators COLEMAN and ISAKSON in cosponsoring the HOPE Act, the Hope Offered Through Principled and Ethical Stem Cell Research bill.

This HOPE Act advances stem cell research, while respecting life and focusing on cures by allowing the Secretary of the Department of Health and Human Services to establish guidelines for research on embryos that have died from natural causes. The bill directs HHS, Health and Human Services, to prioritize research likely to produce the greatest results in the near term, and authorizes Federal funding for research on diseases of which we have been deprived in such a manner that it does not harm or kill a living human embryo. Finally, it directs the Institute of Medicine to conduct a study to delve further into the possibilities of amniotic and placental cell bank programs, areas which, as I understand from my reading, have a lot of promise.

I am also encouraged by the scientific advances made in the roughly $3 billion of Federal money put into stem cell research since about 2001 that have created real advances in adult and cord blood stem cell research, and I strongly support efforts to build upon these promising therapies which are already being used in medical treatments for a variety of reasons. Current Federal stem cell policy funds research using established embryonic stem cell lines, thus taxpayers are not forced to support research that would require the use and destruction of human embryos at the earliest stages of development.

It is essential to note that there is no law that prohibits embryonic stem cell research in this country. I think, unfortunately, this has been misstated and misquoted in many conversations. In fact, this administration is the first one to support federally funded embryonic stem cell research within parameters. But the issue before us is solely an issue of whether American taxpayers will be forced to fund research that many of them oppose on fundamental moral grounds. It creates a slippery slope when human life is sacrificed for medical experimentation.

The current Federal policy does not forbid others from conducting such research. I, for one, strongly support medical research, development, and innovation to combat disease and develop effective treatments to improve the quality of health for all Americans, and I am sure we all feel the same way. During the 109th Congress, I was proud to support legislation that promoted expansion of stem cell research without harming or destroying human embryos, and today I am proud to join Senators COLEMAN and ISAKSON in cosponsoring the HOPE Act, the Hope Offered Through Principled and Ethical Stem Cell Research bill.

All of us have deep sympathy for parents, for children, for families who continue to struggle with painful, serious diseases. I continue to study this issue very carefully and very closely and I have been disappointed this year in the parents of children who suffer juvenile diabetes coming to my office along with their children. It really tugs at your heartstrings to see these parents wanting their children to be cured from this terrible disease. We all hope and pray that someday they will be.

I have been encouraged by recent reports from America's scientific community which revealed that great potential exists for obtaining embryonic-like stem cells without creating them. At the beginning of this month there were 1,373 publicly available clinical trials related to adult stem cells—1,373 publicly...
available clinical trials related to adult stem cells—including 671 that are currently recruiting patients.

In my State of Texas, for example, 93 adult stem cell clinical trials are currently being conducted on everything from traumatic brain injury to different forms of cancer to heart disease.

I am proud to say that medical research in my State has been at the forefront of the adult stem cell research field. For example, the Texas Heart Institute reported evidence of the effectiveness of treating congestive heart disease with the patient’s own stem cells. Heart disease, as we all know, is the No. 1 killer in the United States. Yet the researchers at the Texas Heart Institute are finding that adult stem cells injected directly into the heart are not only improving blood flow and blood vessel formation, but they are even growing new heart tissue.

Another clinical trial in Texas, started this last year at the University of Texas Medical School at Houston and Memorial Hermann Children’s Hospital, is among the first to apply adult stem cells to treat brain trauma. This is an especially important area to see adult stem cell research branching out into because of the devastating effect that brain injuries have had on survivors’ lives.

These trials and others like them are bringing us new treatments all the time for a variety of conditions: for diabetes—Diabetes mellitus type 1 and Type 2; multiple sclerosis; for injuries—traumatic brain injury; for heart disease; for many types of cancer.

Let me say in conclusion, again, how much I appreciate the creativity and determination of my two colleagues who have led the effort on this important legislation. I am proud to cosponsor this bill and when it is signed by the President.

Mr. President, I would like to address that for a second. This is a letter that does not necessarily support this bill, but it lays out the AMA’s support for embryonic stem cell research. I want to make a couple of affirmations quickly, if I can.

It says:

In general, the AMA supports Federal funding of biomedical research which promises significant scientific benefits. More specifically, we support biomedical research on multipotent stem cells (including adult and cord blood stem cells); encourage continued research into the scientific issues surrounding the use of umbilical cord blood-derived hematopoietic stem cells for transplantation.

Further, AMA research policy supports certain ethical considerations, including donor anonymity, non-coercion of donors, absence of financial inducement and written informed consent of the donor regarding the nature and scope of the research involved.

The AMA advocates these guidelines to ensure appropriate and ethical stem cell research, with the hope that continued stem cell research may lead to potential cures and therapies for those suffering from many devastating diseases.

Sincerely,

MICHAEL D. MAVES, MD, MBA, Executive Vice President, CEO.
Mr. BOND. Mr. President, this is a very important debate, but I have another very important subject that I need to bring to the attention of this body. First and foremost, as I address this body, Congress has yet to take the necessary steps to fund for our troops serving in a war zone. While I applaud the steps taken by the leadership of the Senate to appoint conferees moments after passing the supplemental appropriations bill, I want to make very clear that the Senate leadership have been too busy conducting foreign policy to appoint conferees.

I am here. We are ready—I, along with a number of my colleagues—to get to work and get the funds where they are needed. When they tell us they need the funds urgently, I do not think they are leaving much room for interpretation.

General Schoomaker, Army Chief of Staff—a no-nonsense operator—said:

"Without approval of the supplemental funds in April, we will be forced to take unnecessarily dangerous actions which will impact Army readiness and impose hardships on our soldiers and their families."

Secretary Gates, whom war critics and opponents alike embraced this straight-talking, candid Secretary of Defense said:

"This kind of disruption to key programs will have a genuinely adverse effect on the readiness of the Army and the quality of life for soldiers and families."

In addition, as I said before, would degrade the already perilous State of the National Guard’s home front mission to support civil authorities. We are told that 88 percent of the Guard units at home are not equipped to respond to natural disasters or a potential terrorist attack.

That is why I was proud to support, with my friend and National Guard Caucus cochairman, Senator LEAHY, inclusion of a billion dollars in the supplemental for Guard equipment.

The most significant and important constitutional role this Congress is supposed to be undertaking is exercising its power over the purse. Yet, ironically and most detrimentally to our troops, that one paramount duty seems to be the last thing on the to-do list of some in Congress. Instead, the retreat-and-defeat crowd has sought to micromanage the war from 8,000 miles away, setting timetables and precluding the Senate from exercising its power over the purse. Yet, even if it means losing the war that radical Islam and al-Qaeda have declared on us.

As we have seen in recent weeks since the implementation of General Petraeus’ strategy, there is a light in the right direction. It cannot be changed overnight and nobody should expect an immediate turnaround, but it is the best hope we have. Senator McCAIN, who just returned from Iraq, believes the Sunni sheiks in Anbar are now fighting al-Qaeda, more than 50 joint United States-Iraqi stations have been established in Baghdad, Muqtada al-Sadr has felt the heat, and his followers overall are not contesting them. Finally, Senator McCAIN observed that our Army and our forces are increasingly fighting on their own, with their size and capability growing.

While Senator McCAIN and I would agree that there are no guarantees for victory and we have a long way to go, we only need to make every effort to achieve it. Yet some Members of this body and the other body say the real war on terror is in Afghanistan, not Iraq. If that is so, why are our marines fighting in Al Anbar against al-Qaeda?

Charles Krauthammer, on March 30 in the Washington Post, wrote on this very topic:

Thought experiment: Bring in a completely neutral observer—a Martian—and point out to him that the U.S. is involved in two hot wars against radical Islam insurgents. One is in Afghanistan, a geographically marginal backwater with no resources and no industrial or technical infrastructure. The other is in Iraq, one of the three principal Arab states, with untold oil wealth, an educated population, an advanced military and technical infrastructure that, though sufficient in the post-Hussein’s rule, could easily be revived if it falls into the wrong hands. Add to that the fact that its strategic location would give its rulers immediate influence over the entire Persian Gulf region, including Saudi Arabia, Kuwait, and the Gulf States. Then ask your Martian: Which is the more important battle? He would not even understand why you are asking the question.

The war in Iraq is a very important front on the larger global battlefield. If anyone doubts this, then all we need to do is to listen to what Osama bin Laden had to say back in December 2004 in a message to Muslims in Iraq.

Bin Laden said: I now address my speech to the whole of the Islamic Nation. Listen and understand. The issue is big, and the misfortune is momentous. The most important and serious issue today for the whole world is this Third World War which the crusader Zionist coalition began against the Islamic Nation. It is raging in the land of the Two Rivers. The world’s millstone and pillow is in Baghdad, the capital of the caliphate.

That is what Osama bin Laden said. He has gone on to say: The whole world is watching this war and the two adversaries—the Islamic Nation, on the one
hand, and the United States and its alli-
es on the other. It is either victory
and glory or misery and humiliation.

Now, obviously we did not declare
war on radical Islam; it declared war
on us.

In addition, some in the House have
sought to strike the term “global war
on terror,” pandering again to the
likes of the George Soros wing of the
party, undercutting U.S. efforts.

The global war on terror is a real
mission that showed us has no geo-
ographical boundaries and one that
so many of our brave men and women
have died for since the attacks of 9/11.

The terrorists have been targeting
the United States throughout the 1980s
and 1990s. The United States never re-
responded to those attacks, and the mes-
sage sent was one of weakness, not
strength. We would be repeating the
same mistake today by communicating
a weakness of our will by our political
leaders, We withdrew from Vietnam, we
withdrew from Mogadishu. These repeated
withdrawals signal to our enemies all over
the world that if they inflict enough
damage on our most heroic citizens,
the marines will never surrender, but
Washington will.

A precipitous withdrawal, such as
that being prescribed by the wannabe
generals here in the Congress, would be
disastrous. The Iraq Study Group’s rec-
ommendations reached the same con-
clusion. James Baker, the group’s co-
chairman, just wrote:

The PRESIDING OFFICER. The Sen-
ator from Georgia.

Mr. ISAKSON. Mr. President, I yield
10 minutes to the Senator from Geor-
gia, Mr. CHAMBLISS.

Mr. CHAMBLISS. Mr. President, I rise
today in support of the Isakson-
Coleman stem cell research bill. For
me, this issue is personal on many lev-
els, and it weighs heavily on my heart,
my mind, and my conscience. I have
given great care in coming to my deci-
sion on this issue. I have read the advi-
ses and have spent much time reflect-
ing, thinking, and praying about making
the right decision on this issue of stem
cell research because it is a very con-
troversial but yet a very forward-lean-
ing issue.

Today we are debating the various
types of research and what many view
as the potential to cure diseases. There
is no question that everyone here is
supportive of medical research and, in
particular, of stem cell research. How-
ever, there is still so much to be
learned from science, so many discover-
ies yet to be made, and so much that
we still do not know.

I am aware that there are very prom-
ising alternatives to embryonic stem
cell research, such as deriving stem
cells from umbilical cord blood and
gene marrow. Those cells have dem-
onstrated the capability of turning into
tissue types, thus helping to
provide the basis for advanced research
to find cures for diseases such as juve-
nile diabetes, Parkinson’s disease,
sickle cell anemia, and heart disease.
Research from adult stem cells has
saved thousands of lives, and funding
for this research certainly should con-
tinue.

While I am familiar with the ad-
vancements made in the adult stem
cell research, there is still a lack of
evidence that embryonic stem cell research yields
the strong results we have from the adult
stem cell lines. There is also the issue
of whether taxpayer dollars should be
used for research that many believe is
morally wrong.

The morality of embryonic stem cell
research is an issue for many
Americans, including myself, I also be-
there is a constant need to con-
tinue working to advance science and
medical research. As a country, it is
important that we stay on the cutting
edge of medical research and remain
globally competitive, because the
United States offers the best health
care in the world.

This legislation, introduced by Sen-
ators Isakson and Coleman, will not
only advance science, it will allow for
embryonic research to take place using
non-viable embryos. The cells in those
embryos have naturally quit dividing
and therefore would not be used for fer-
tilation. Even if the embryos were frozen
or saved, no practicing physi-
cian would ever attempt to implant
them because the developmental stages
have naturally stopped.

This legislation will allow the De-
partment of Health and Human Serv-
ces to extend Federal funding for re-
search on embryonic stem cell lines
only if the lines were derived without
harming a viable embryo. I believe this
approach is an effective way to provide
for advancements in science and give
them to those who are waiting for
cures without compromising the value
of life.

Many of us have personally bene-
fitted or had family members who ben-
efited from the advancements made in
modern medicine over the past 5, 10, or
20 years. I think we are all grateful for
the progress that has been made. It is
my most sincere hope that we continue
to see monumental steps made in med-
ical research—stem cell and other-
wise—and that we find cures for those
suffering from diseases such as Alz-
heimer’s, cancer, multiple sclerosis,
and spinal cord injuries.

Make no mistake about it, if you sin-
cerely, as a Member of this body, want
to see an advancement in the area of
medical stem cell research, this is the
alternative you must vote for because
this is a bill, if it gets the required
number of votes, which will go to the
President’s desk, and it is the bill
with the President’s bill sign, and we
and the House, and it is the bill
with the President’s bill sign, and
we
and the House, and it is the bill
with the President’s bill sign, and
we
can move forward on the issue of em-
byronic stem cell research. I am proud
to be a cosponsor and intend to vote for
this legislation. I urge my colleagues
to do the same.

I yield my unused time back to the
manager of the bill.

The PRESIDING OFFICER. The Sen-
ator from Georgia is recognized.
Mr. ISAKSON. Mr. President, how much time remains?

The PRESIDING OFFICER. Twenty minutes.

Mr. ISAKSON. Mr. President, I yield 10 minutes to the Senator from Oklahoma.

The PRESIDING OFFICER. The Senator from Oklahoma is recognized.

Mr. COBURN. Mr. President, I have been listening to the debate on this bill from my office. I have written down some of the miraculous statements that have been made on the floor of the Senate, and I thought I would resubmit some of them with some constructive criticism.

Seventy-eight stem cell lines are no longer available. That is not accurate. All stem cell lines are contaminated with mouse feeder cells. Not true, either. The policy does not work. Not true. Research on stem cells under the present cannot go forward. I would remind the body that stem cells, embryonic stem cells are being researched every day in this country with private money. This is about using Federal dollars to destroy embryos; it is not about blocking embryonic stem cell research.

This letter is made by the Senator from California that these are embryos that would already be destroyed. Now that is not accurate at all. Only S. 30 embraces all forms of stem cell research. S. 30 embraces every form of stem cell research, including embryonic stem cells. Some are findable. Some are frozen. Some have quit dividing. Those that quit dividing but are not dead but don’t have the potential are the ones S. 30 will allow to be used for embryonic stem cells. It bypasses the ethical dilemma we have and still gives us embryonic stem cell research.

It was just released by the Journal of the American Medical Association and was on CNN, 13 young people from the ages of 14 to 31, now living in Brazil, who have Type 1 diabetes were treated with their own immune cells given back to them, and they now live without insulin. That was released today. It didn’t have anything to do with an embryonic stem cell.

Someone during the debate said we all know embryonic stem cells hold the most potential. I believe the Presiding Officer now in the chair said that. That is not true. They don’t hold the most potential. They hold great research potential, but what we ought to be interested is therapeutic. How do we treat diseases? How do we accomplish therapies to do the most good for the most people?

What we are going to find out is, there will be some potential from embryonic stem cells. But if I had a child with diabetes, I would want it fixed as soon as I could, not 10 or 15 years from now. The fact is, we have all these treatments that are coming about. I am convinced as I am alive and standing here today that, within 10 years new onset type 1 diabetics will be cured within 2 months of the onset of their disease. That is going to happen. We are going to see that. We will see tremendous for that, whether from germ cell lines, embryonic stem cell lines that are harvested correctly and ethically, and other treatments, including autologous or their own stem cells used to treat the body.

I introduced into the Record the RAND study on the available embryos. We had it quoted today, there are 400,000 of them out there. That is not true. It is more like 13,000 available. So when we have people claim that 400,000 embryos are waiting to be destroyed for embryonic stem cell research, that is not true.

Mr. COLEMAN. Will the Senator from Oklahoma yield?

Mr. COBURN. Mr. President, I believe the Senator from Oklahoma earlier introduced a RAND study that talked about the number of embryos. I believe there are nearly 400,000 that are in IVF clinics. Apparently, only 2.8 percent have the potential to be discarded. Is that correct?

Mr. COBURN. That is correct. Mr. COLEMAN. Is there a sense that the Senator from Oklahoma has in terms of decisions that parents and others are making about the kind of life potential of those 97 percent that are not being discarded, that are being frozen for future attempts at pregnancy?

Mr. COBURN. There is no question it happens every day. One of the things we have seen in our State is, we sometimes overfertilize eggs and create too many. But when it comes down to the individual couple who says: We are going to try this implantation, we are going to save these, then if they have a child, they may want to have another child, so that many of these are saved in reserve for that family. To say there are 400,000 when, in fact, there are probably less than 13,000 that could be available, if you look at the other side of that, how many nongrowing, nonviable embryos are available today? Fifty to seventy to one hundred thousand of the stage 3 embryos that can be used for embryonic stem cell that doesn’t violate the ethical dilemma we face today. So the reason I put the RAND study in is so the RECORD will show the facts, not the desire of a Member of the Senate to overstate the case. The fact is, there are less than 13,000 available. Then if you take level 3 embryos, there are 100,000 available. Nobody talks about that. In fact, 3 of the 10 that are the best lines right now running came from exactly that source. So we know that is the potential.

Let me continue. We had the statement: Science without ethics is like a ship without a rudder. That is true. When we start destroying life, where is our rudder? When we start marginalizing the weakest and the most vulnerable in our society to say we are going to do something good somewhere when, in fact, the science doesn’t show that is our rudder? That is what S. 30 does. S. 30 gives an ethical option for every need we have in the scientific community to accomplish everything the scientific community wants to accomplish. There are no limitations in S. 30.

The Senator from Minnesota has made the point, President Bush is going to veto S. 5. He has already said he is going to veto it. So a year from now, where do we want to be in terms of stem cell research? Do we want to have more embryonic stem cell lines and do we want to have more embryonic stem cell lines the NIH can use money to research on? The answer is, yes, we do. There is one way to do that. That is S. 30.

Mr. COLEMAN. I am convinced, as an obstetrician and as a scientist, that 10 years from now we won’t use embryos whatsoever to produce stem cells. We will use embryonic stem cells to help us research gen rampant and drug treatments for difficult diseases that we already have, and we will use other methods to produce cell lines that will give us cures to disease.

I ask unanimous consent to print in the RECORD the recent announcement of the article in JAMA on CNN. “Type 1 diabetics live without insulin in stem cell experiment.”

There being no objection, the material was ordered to be printed in the RECORD, as follows:

From [CNN.com]

**Type 1 Diabetics Live Without Insulin in Stem Cell Experiment**

Chicago, IL (AP).—Thirteen young diabetics in Brazil have ditched their insulin shots and need no other medications thanks to a risky, but promising treatment with their own stem cells—apparently the first time such a feat has been accomplished.

Though too early to call it a cure, the procedure has enabled the young people, who have Type 1 diabetes, to live insulin free so far, some as long as three years. The treatment involves stem cell transplants from the patients’ own blood.

“It’s the first time in the history of Type 1 diabetes where people who have no treatment whatsoever . . . no medications at all, with normal blood sugars,” said study co-author Dr. Richard Burt of Northwestern University’s medical school in Chicago, Illinois.

While the procedure can be potentially life threatening, none of the patients in the study died or suffered lasting side effects. But it didn’t work for two of them.

Larger, more rigorous studies are needed to determine whether the implants could become standard treatment for people with the disease once called juvenile diabetes. It is less common than Type 2 diabetes, which is associated with obesity.

The hazards of stem cell transplantation also raise questions about whether the study
should have included children. One patient was as young as 14.

Dr. Lainie Ross, a medical ethicist at the University of Chicago, said the researchers should have recruited adults first before exposing young teens to the potential harms of stem cell transplant, which include infertility and late-onset cancers.

In a statement, Burt said that the study should have had a comparison group to make sure the treatment was indeed better than standard diabetes care.

Burt, who wrote the study protocol, said the research was done in Brazil because U.S. doctors were not interested in the approach. The study was approved by ethics committees in Brazil, he said, adding that he personally believes it was appropriate to do the research in children as well as adults, as long as the Brazilian ethics panels approved it.

Burt and other diabetes experts called the results an important step forward.

"VERY PROMISING TIME"

"It's the threshold of a very promising time for the field," said Dr. Jay Sklery of the Diabetes Research Institute at the University of Miami.

Sklery wrote in an editorial in the Journal of the American Medical Association, which published the study, saying the results are likely to stimulate research that may lead to methods of preventing or reversing Type 1 diabetes.

"These are exciting results. They look impressive," said Dr. Gordon Weir of Joslin Diabetes Center, in Massachusetts.

Still, Weir cautioned that more studies are needed to make sure the treatment works and is safe. "It's really too early to suggest to people that this is a cure," he said.

The patients involved were ages 14 to 31 and had newly diagnosed Type 1 diabetes. An estimated 12 million to 24 million people worldwide—up to 1 to 2 million in the United States—have this form of diabetes, which is typically diagnosed in children or young adults. An autoimmune disease, it occurs when the body attacks insulin-producing cells in the pancreas.

Insulin is needed to regulate blood sugar levels, which when too high, can lead to heart disease, blindness, nerve problems and kidney damage.

Burt said the stem cell transplant is designed to "override" the body's immune attack on the pancreas.

A study published last year described a different kind of experimental transplant, using pancrinktome-transplanted cadavers that enabled a few diabetics to give up insulin shots. But that requires lifelong use of anti-rejection medicine, which isn't needed by the Brazilian patients since the stem cells were their own.

The 15 diabetics were treated at a bone marrow center at the University of Sao Paulo.

All had newly diagnosed diabetes, and their insulin-producing cells had not been destroyed.

"That timing is key," Burt said. "If you wait too long," he said, "you've exceeded the body's ability to repair itself.

The stem cells are stimulating the body to produce new stem cells and harvesting them from the patient's blood. Next comes several days of high-dose chemotherapy, which virtually shuts down the patient's immune system and stops destruction of the few remaining insulin-producing cells in the body. This requires hospitalization and prevents infection. The harvested stem cells, when injected back into the body, build a new healthier immune system that does not attack the insulin-producing cells.

Patients were hospitalized for about three weeks. Many had side effects including nausea, vomiting and hair loss. One developed pneumonia, the only severe complication.

Doctors changed the drug regimen after the treatment failed in the first patient, who ended up needing insulin again before the study. Another patient also relapsed.

The remaining 13 "lived a normal life without taking insulin," said study co-author Dr. Julio Voltarelli of Sao Paulo. "They all went back to their lives."

The patients enrolled in the study at different times so the length of time they've been insulin-free also differs.

Burt has so far succeeded using the same procedure in 170 patients with other autoimmune diseases, including lupus and multiple sclerosis, with an autoimmune form of blindness that can now see, Burt said.

"The body has tremendous potential to repair itself," he said.

The study was partly funded by the Brazilian Ministry of Health, Genzyme Corp. and a maker of blood sugar monitoring products.

Mr. COLEMAN. I yield 2 additional minutes to the Senator from Oklahoma.

Mr. COBURN. There are two ethical questions America has to answer. One is, is it OK to destroy life with the potential of helping cure maladies—we haven't seen it yet—with the potential, the hope for a cure of that. A second ethical question is, is it OK to destroy life if you could do the same thing without destroying life by using class 3 embryos? That is the first ethical dilemma. The second ethical dilemma we face as a nation and as citizens of this country and as Members of this body is, if in fact it is true there are other ways to get to the exact same goal of treatments—we all want to fulfill the hopes and the desires, whether they are paraplegics, quadriplegics, diabetics, Parkinson's or others, all these tremendous diseases that we know we are going to be able to eventually find a cure for—if we can do that without ever having to destroy the embryo—are we going to stop that way? That is what S. 30 offers. S. 30 offers an opportunity to accomplish exactly the same thing without destroying the first life. How we answer that question is going to say a lot about our country.

My hope is a year from now we are standing on this floor and seeing all this promise come true, whether it be altered nuclear transfer, whether it be germ cell, which I happen to believe is going to be another great option in terms of multipotent and pluripotent stem cells, that we will see the fruits and the wisdom of the Senate that passes a bill, S. 30, which actually makes a difference. S. 5 isn't going to make any difference. It is going to get vetoed. It is not going to do anything to help us except create a political posture that the President has said he will not bow to. He is not going to sign it. He is going to veto it, and the House will not override it. So the question is, if you want to give hope, if you want to give patients the treatment and the cures for all these strong and tough diseases families are facing and individual patients are facing, the way to do that is to make sure S. 30 becomes law. It will, in fact, be the thing that makes the difference. S. 5 won't. S. 5 is going to get vetoed, and we will be back here doing the same thing next year and the next year and the next year.

The point is, let's do what we can today, and S. 30 accomplishes that.

I thank the Senator and yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. COLEMAN. I thank the Senator from Oklahoma for both his passion and his expertise. I think he said this morning—how many babies has the Senator delivered?

Mr. COBURN. A shade over 4,000.

Mr. COLEMAN. This is one Senator who understands the value of life and has a hands-on approach.

It is interesting. President Clinton's bioethics commission concluded, if we have some other alternatives, why wouldn't we use them? They concluded the derivation of stem cells from embryos remaining following infertility treatments is justifiable only if no less morally problematic alternatives are available for advancing the research. I believe what is happening is the science is moving faster than the politicians, that we have today the opportunity through a number of processes to move forward with pluripotent stem cell research in ways that are less morally problematic, that don't cross a line, that don't cross the line that says we should not have Federal funding for the destruction of a human embryo.

I know my colleagues and friends who support S. 5 quite often have talked about excess embryos that we have and that may not be used for any other purpose. I would ask them to ask these questions. I believe their intent is this narrow intent, but as you look at S. 5, the question raised is, is this the beginning of the end of the embryos? If in fact this is the acceptable path to go, why wouldn't we produce embryos that would then get Federal funding to do the research? Is the use of these embryos only for the purpose of stem cell research? Where would we draw the line? Who draws that line? Why wouldn't we use this to study embryonic growth, cell patterns, a whole range of other things? Once we have crossed the line, where does it end? If it is no different from cells we get from donors, taking cells into the desired kinds of differentiated type cell types, would we want to allow the embryos to develop longer so we could Kind of coax them into later development so we can see that last stage embryos may be a better source of more advanced cells and tissues and organs? Even if we don't do that, if we move down this path, are there other nations or other countries that don't have the kind of moral concerns we have? Why would they not want to move in this same direction?

We have already begun the process. What we offer in S. 30 is a possibility to bring this country together to provide
Federal funding for stem cell research that provides the hope of what pluripotent stem cells may be able to do. It sets up a tissue bank for amniotic and placental stem cells which offer great promise without the moral dilemma. At a time when clearly the medical community has asked for this research, we offer a time to come together.

My concern is, last year we passed a bill in this Senate that provided for alternatives, Specter-Santorum. It was rejected in the House. I hope my colleague, if in any approach. I hope they don’t look to get 100 percent of nothing—nothing meaning that S. 5 is going to be vetoed—and then stop us from at least moving forward with the opportunity to put Federal dollars in research and production doing stem cell research that doesn’t cross a moral line.

I see my colleague from Oklahoma.

Mr. COBURN. I wanted to add one other thing. When the American people think about treatments and potential treatments, the thing that is never talked to them about is the idea of tissue rejection. There isn’t going to be an embryonic stem cell that produces a cell that can be used in any human without rejection. The only way you can get around that is to clone yourself. The only way you can get around that totally, without any rejection whatsoever, is to be a female and clone yourself, because cells have these wonderful little engines in them called mitochondria. They have separate DNA. That DNA of the cloned egg will be accomplished as a part of that.

So this idea we think we are going to have this great answer, even once we get to treatments—treatments that use embryonic stem cells rather than altered nuclear transfer, or oocyte-assisted reprogramming—those cells will all have to have accompanying with them, all those treatments, anti-rejection drugs.

If you know anybody who has had any type of organ transplant, ask them how it is to take those drugs. The only way you do that is, we come to the next ethical dilemma: Is it OK for you to clone yourself, then destroy that life you have cloned so you can take part of that for you? All those ethical dilemmas are gone in altered nuclear transfer because now you are inserting stem cells from your own body. They are your own cells. There is no rejection.

In this study in Brazil I just put in the Record, there is no rejection because they are using their own cells. They have eliminated the ability of their body to destroy their islet cells in their pancreas and have done that with their own cells. There is no rejection so they are not on any medicines. They are not on insulin anymore because they are now producing insulin.

So the fact is we should make sure we understand if and when—and there is no guarantee the “when” is going to come—we have embryonic stem cell treatments, those are going to be accompanied by anti-rejection treatments as well. However, if you use your own cells for the same treatment—we heard Senator BROWNBACK talk about the numerous studies that are ongoing now with autologous or self-giving reparation from your own body—there is no rejection.

So it is easy for us to talk, and it is easy for us to offer hope, but we need to make sure when we talk about that hope, when we talk about embryonic stem cells, we are balancing it with a realism that we are not off treatment, even though we offer a cure, because now we have a treatment to make sure the cure works. So it is a step that is positive, but it is not the panacea that has been described on this floor today.

Mr. COLEMAN. Mr. President, how much time do I have left?

The PRESIDING OFFICER. Two minutes.

Mr. COLEMAN. Mr. President, I ask unanimous consent to have printed in the RECORD a letter from Markus Grompe, MD, from the Oregon Health & Science University.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

OREGON STEM CELL CENTER, OR- ECON HEALTH & SCIENCE UNIVER- SITY.

Portland, OR, April 10, 2007.

Embryonic stem cells have many potential uses in biomedical research, including cell transplantation. Efforts in these studies of developmental and disease processes as well as drug testing. To date, the establishment of human pluripotent stem cell lines that be induced to differentiate always involves the destruction of nascent life, the embryo. Human embryos can be generated by fertilization or by cloning (somatic cell nuclear transfer).

However several recent studies, pioneered in animals, have firmly established that it is also possible to generate pluripotent cells equivalent to embryonic stem cells without destroying embryos (the alternative methods). While these approaches have been only tested in animals to date, it is highly likely that similar work in human cells as well. Additional research is needed to realize the potential of the alternative methods and make them practical on a large scale. For this reason, I strongly support Senate Bill 30. This bill will provide the necessary support to establish and validate methods for producing pluripotent cells without destroying human life.

Several of the proposed methods have scientific as well as ethical advantages. The third and fourth techniques described in the President’s Council on Bioethics May 2005 White paper will produce cells that are immunologically matched to the patient from which they are derived. These cells could then be used for transplantation without being rejected by the immune system. It is also expected that these approaches will make the production of pluripotent cell lines technically easier and more efficient that methods that rely on embryos.

In my own laboratory we would use the alternative methodologies to produce liver and pancreas cells for the treatment of liver diseases and diabetes.

Sincerely, MARKUS GROMPE, M.D.,

Director.

Mr. COLEMAN. In that letter Dr. Grompe talks about what my colleague from Oklahoma just talked about. He talks about producing cells that are immunologically matched for the patient from whom they are derived. He says:

These cells could then be used for transplantation without being rejected by the immune system. It is also expected that these approaches will make the production of pluripotent cell lines technically easier and more efficient than methods that rely on embryos.

Then he goes on to say:

In my own laboratory we would use the alternative methods to produce liver and pancreas cells for the treatment of liver diseases and diabetes.

We have an opportunity under S. 30 to move the research forward, to move it forward in a unified way, a way that avoids the culture wars, avoids the great divide, that has the opportunity forward, without dealing with the issues of immune reactions that opens up a vision of hope. This is about hope. S. 30 is hope offered through principled and ethical stem cell research—the HOFF Act.

I hope my colleagues on both sides of the aisle—whatever their position is on S. 5—understand if they want to move the ball forward, if they want to look into the eyes of their constituents and say we are going to give you something, some sense of hope, we are going to move research forward, the only way to do that today is through supporting S. 30. I urge my colleagues to support S. 30.

Mr. President, I yield the floor and yield back the remainder of our time.

The PRESIDING OFFICER. (Mr. SALAZAR). Who yields time?

The Senator from Iowa.

Mr. HARKIN. Mr. President, do I understand the situation is that now our side has 60 minutes?

The PRESIDING OFFICER. The Senator is correct.

Mr. HARKIN. Mr. President, I yield 10 minutes to the Senator from Florida.

The PRESIDING OFFICER. The distinguished senior Senator from Florida is recognized.

Mr. NELSON of Florida. Mr. President, this, to me, is an issue where we ought to be using some common sense. We have all of these enormously plaguing diseases that are upon us, and we have the first rays of hope we can cure these diseases.

Who among Americans has not been touched by diseases such as ALS and Parkinson’s and spinal cord injury and diabetes and Alzheimer’s and cardiovascular disease and cancer? Who among us, one way or another, has not been touched by it? Now we are at this ray of hope that the scientists tell us, by growing these stem cells, we have this opportunity for enormous medical breakthroughs.

At the National Prayer Breakfast this year, the speaker was Dr. Francis Collins. He is a fellow who headed the project of mapping the entire human genome. I have heard Dr. Collins speak on other occasions in which
he has talked about the promise of all the stem cell research.

Dr. Collins—and I say this for a specific reason—was the speaker at the National Prayer Breakfast because he is this eminent scientist who successfully mapped the human genome, but he is also a man of a deep and abiding faith who happens to support not only the stem cell research that we address here today—which is in this bill to open the coffers of the Federal Government to support hundreds of limited number of lines in embryonic stem cell research—but Dr. Collins would make the case for going beyond in something known as somatic cell nuclear transfer, which is taking an egg, scooping out the nucleus, taking a donor’s skin cell, taking the nucleus from that, and implanting it in the egg, stimulating the process to grow, and growing a specific line of stem cells that are exactly tailored to the donor’s cells, and growing whatever the stem cells can produce.

But that is another advance. That is not even what we are addressing today. We are addressing Federal funding for the first kind of growing stem cells. Why we would not use the resources of the Federal Government to attack these diseases that the scientists and the medical profession feel have enormous progress, why we would not do that is beyond me.

With regard to the second kind—somatic cell nuclear transfer—you are not even dealing with a fertilized egg, so you do not have that question. The question there is, are you going to where you do cloning? Well, we have the capability of passing the laws that say cloning for a human, where it would be implanted into the womb—we can say that is not only unlawful, that is a criminal. That does not mean we do not proceed with the research and the development on stem cell research—in that case, somatic cell nuclear transfer.

So this is a matter that can bring hope to millions. As I said, there is simply not an American who has not been touched one way or another through friends or family by this list of horrible diseases. If that gives us promise, that is enough for this Senator, and I hope it is enough for a two-thirds majority of this Senate so when the President vetoes it, we can override it.

The bill that is in this bill that is going to expand the number of stem cell lines that would be eligible for federally funded dollars for research. It clearly would accelerate the progress toward the cures and treatments for these dread diseases.

Every other Senator and I have heard from thousands of people back in our States who suffer—suffer daily—from these dread diseases. With this ray of hope—like a sunburst coming through the dark cloud turning our face from it. We have to face it. We have to give hope to these people who are suffering. That is the task before this Senate.

Mr. President, I yield the floor. The PRESIDENT OFFICER. The Senator from Iowa.

Mr. HARKIN. Mr. President, I am waiting for the arrival of another Senator to speak.

Well, I listened to some of the debate that was just concluded, and I thought I heard—I am almost certain I heard—the distinguished Senator from Oklahoma say S. 5 would provide money for the destruction of human embryos.

Well, I want to point out that we did not disagree with my friend from Oklahoma, but that is not so. As a matter of fact, we do not provide that kind of Federal money now with the stem cell lines that are being researched—the few that are being researched now—and we do not under our bill. We still operate under what is called the Dickey-Wicker amendment which prohibits the use of Federal funds being used to destroy embryos. So we do not do that anyway. I think the Senator from Oklahoma misunderstood or had a letter left more carefully and understand we do not provide for the destruction of embryos.

I always find curious, every time someone speaks for the President—a spokesperson for the President—they always talk about the President will not cross is he will not provide taxpayer money for the destruction of embryos. Well, if that is the case, then he should have no problem with S. 5, the bill we have before us, because it does not provide Federal funding for the destruction of embryos. It provides Federal funding for the research on stem cell lines that are derived by others—private entities, State entities, or whatever. But we do not provide any funding for the destruction of embryos whatsoever. I wanted to clear that up to make certain that did not sit out there.

I also listened earlier to my good friend—and he is a good friend—Senator Brownback talking about the 72 hours. I do not accept any substitutes.


HON. HARRY REID,
Majority Leader, U.S. Senate,
Washington, DC.

DEAR SENATOR REID: On behalf of The Leukemia & Lymphoma Society, I am writing in response to assertions that adult stem cells have treated or cured several blood cancers, including several leukemias, lymphomas and multiple myeloma.

As a representative of more than 700,000 patients and their caregivers in this country that battle blood cancers on a daily basis, our organization would like to emphasize that we do not oppose S. 5, the Stem Cell Research and Enhancement Act, that we exist today because we have not found cures for these devastating diseases.

Furthermore, the claim that treatment of blood cancers with cord blood, blood or marrow stem cells—known as hematopoietic stem cells—demonstrates the potential of “adult stem cell” research is misleading and disingenuous. While these hematopoietic treatments can rejuvenate similar cell lines, they have not demonstrated robust “plasticity” or the ability to give rise to more varied lineages. That ability is the characteristic that gives hope to researchers and patients and should be clearly understood in this debate. The concept that “adult stem cells” can differentiate into more diverse tissue types is highly controversial and empirical evidence has been inconclusive. While deserving of further scientific study, there is no clear evidence that the use of adult stem cells can substitute for pluripotent stem cells that have the capability of making diverse tissue types.

We support exploring every avenue of research, including embryonic stem cell research, until a cure is found. The most respected scientists in our field view embryonic stem cells as an area of research that must be explored, and one that our government must make a commitment to support. The Leukemia & Lymphoma Society asks that you and your colleagues pass S. 5, and not accept any substitutes.

Sincerely,

GEORGE DAHLMAN,
Vice President, Public Policy,
The Leukemia & Lymphoma Society.
cell research and the work he has done will save lives, which is what this issue is all about.

The Senate is about to vote on legislation that ends the ban on Federal funding for embryonic stem cell research. In the Senate, 78 votes are needed to overturn the veto, and though I still hope he changes his mind—does not support lifting the ban on stem cell research, but do we know who does? The American Medical Association thinks we should lift the ban. So does the American Society for Microbiology, the Association of American Medical Colleges, the Cancer Research Foundation of America, the Juvenile Diabetes Research Foundation, the Parkinson’s Action Network, Project ALS, and the Society for Pediatric Research. The list goes on and on and on.

We in this body should ask ourselves: Why do these groups support Federal funding? Because the research offers victims of these diseases hope. Not a magical hope or a hope that is unproven or unscientific. This is not hope that is, as Mr. President, in the handcuffs, the shackles off our scientists. It is real hope. It is possible hope. It is hope that looks at the devastation caused by Alzheimer’s disease, the devastation caused by Lou Gehrig’s disease, the devastation caused by spinal cord injury one that is real, but it will not happen unless we get about embryonic stem cell research and lift the handcuffs off our scientists.

Recently the Director of the National Institutes of Health stated in a Senate hearing that he supports expanded stem cell research. Dr. Zerhouni, who basically is one of the President’s chief medical advisers and an appointment of President Bush, said: It is clear today that American science would be better served and the Nation would be better served if we let our scientists have access to more cell lines. That would give them the opportunity to expand their research, to open one more door, provide one more opportunity for research; in a word, to provide hope.

If we don’t listen to the leader of one of our Nation’s most prestigious scientific institutions, whom will we listen to? Because of embryonic stem cell research, medical science may one day be able to dispense with the use of terms such as “incurable” or “irremitting,” words that spell disaster to loved ones, words that spell no hope so often for patients. If we can do what we have the opportunity to do today, to open another door, to give another window of opportunity to our medical advisers and scientists, to our researchers, we can provide that hope to so many patients and so many loved ones of those patients. That is amazing. Getting anywhere near that goal would be amazing.

More than 200,000 people in my State, more than 200,000 Ohioans have Alzheimer’s disease. More than 40,000 Ohioans have Parkinson’s disease. Almost 700,000 Ohioans have diabetes. That is about 1 in 14 Ohioans who have diabetes. I have a family member suffering from diabetes. My best friend, John Kleshinski, is someone who provided hope for so many. He lived in Boston for many years. He grew up in Ohio with me. John Kleshinski provided hope to so many children in inner-city Boston because of his philanthropy, because he gave young children in Boston a chance to learn music, to play the piano, to sing, to learn a musical instrument. John Kleshinski always provided hope. John was diagnosed with juvenile diabetes when he was 13. Last November, at the age of 55, he died of a heart attack. Throughout his life, he did everything possible to fight this disease, to limit the limits of modern medicine to prolong his life and to live the healthiest life he could. If we had done the advancements in embryonic stem cell research, it could have made a difference in John Kleshinski’s life. If we are going to choose life, if we are going to value life, this issue is so very important to give people hope.

Looking at these conditions alone, at Parkinson’s, diabetes, especially juvenile diabetes, and Alzheimer’s, it is clear the President is involved when Federal actions delay the moment when embryonic stem cell research produces its first human treatment. We can act tomorrow and pass this legislation. We can continue to try to persuade the President, as his own medical adviser did, to change his mind. His own medical adviser changed his mind over the last couple of years about stem cell research. If we can pass this bill tomorrow and hopefully convince the President to change his mind, it will provide hope for so many Americans.

This bill, Senate bill 5, will advance stem cell research, and most legislators are in support of S. 5, which passed the HELP Committee, and it has passed in the other body. But President Bush has threatened to veto this bill. He vetoed similar legislation last year as his first and only veto since he has been President. I hope he takes a step back from the abyss of demen- sity but, quite simply, hope: hope will not be broken by the loss of a loved one, will not be hurt by stiffing embryonic stem cell research. I hope he listens to his own medical adviser, Dr. Zerhouni. I hope he listens to the millions of Americans whose lives will be shattered by disabling and terminal illnesses, the families whose hearts will be broken by the loss of a loved one, the children who will not grow up, the parents who will not meet their grand- children, the grandparents who will no longer recognize their friends and their family members’ disease, Lou Gehrig’s disease, Alzheimer’s disease, cancer, arthritis, diabetes, paralysis, the advancement of embryonic stem cell research can provide hope for cures of all these diseases.

Investing in embryonic stem cell research is an expression of empathy and compassion. We have an opportunity to turn potential cures into real ones. We must not squander it. Hope, Mr. President, has no ethical guidelines. Mr. HARKIN. Mr. President, I wish to thank the Senator from Ohio for his eloquent statement. This is what it is all about. He got it right when he said this is about hope. It is not hope based upon any kind of false foundation. All the leading scientists, Nobel Prize winners, heads and former heads of NIH, and 525 different advocacy groups, all relying upon good scientific expertise, have said the President is wrong. We can build hope because we know embryonic stem cells develop into all the cells of the human body. We know. We have had embryonic stem cells that have differentiated into nerve tissue, heart tissue, muscle tissue, bone tissue, and limps. So we know the possibility is there because it has already been done.

Again, we have a long way to go. No one is saying that absolutely we will do this, this, and this, but that is what scientific research is about. It is about looking and studying and examining and trying to develop these ideas. We know the foundation is there. So the hope we hold out to people with Parkinson’s, Alzheimer’s, whose lives, whose loved ones and who’s suffering are doing so will be helped by stem cell research and the hope we hold out to people with Lou Gehrig’s disease, Alzheimer’s disease, ALS, and spinal cord injury is one that is real, but it will not happen unless we get about embryonic stem cell research and lift the handcuffs off our scientists.

So the Senator from Ohio is right. It is about hope. That is what this bill is all about. It is about hope. Not the false hope of saying: Oh, adult stem cells will take care of it. Adult stem cells have their place, and some of them have proven adequate to do different things but not everything. There is hope with amniotic fluid stem cells, cord blood stem cells. Now, the bill S. 30 talks about that, which is taking it from naturally dead embryos. That raises ethical questions in and of itself. Who decides when something is naturally dead? I would ask my colleagues who are promoting S. 30—and they are my good friends; I know they mean well and they are trying to advance a certain point of view, but are they saying what can take something dead and bring it back to life? If so, that is—I have only known where that has happened once in the history of mankind, and we just celebrated Easter Sunday. So they can’t be saying they are taking something dead and bringing it back to life. So if it is not dead, what is it? Is it a sick embryo? Is it an embryo that isn’t quite propagating as fast? What is it and who decides? Who gets to decide? S. 30 doesn’t say that. S. 30 doesn’t say that there is no ethical advisory board to decide, or who decides what is naturally dead. So that raises all kinds of ethical questions in and of itself. So that is why, even if S. 30 were to become law—I don’t think it will be—I don’t mind supporting S. 30. The fact is our bill, S. 5, does everything S. 30 wants to do. If they want to do research to take embryonic stem cells from blastocysts that are not developing correctly, that can happen under our bill. Our bill opens the door to all kinds of research. That is the difference between S. 5 and S. 30. S. 5, the bill we are supporting, does both things. It opens the door for embryonic stem cell research
from leftover embryos from in vitro fertilization clinics, under strict ethical guidelines which I talked about today and laid out. It also would provide for research into naturally dead embryos. Now, S. 30, their bill, the Isakson-Coleman bill, it discards all of those. It does not research only into stem cells from naturally dead embryos. That is the difference. Our bill allows that to go ahead. Their bill does not allow the more promising embryonic stem cell research to go ahead, and that is why it would be popular. That is what that is all about. That is what this is all about.

Again, I repeat. It is about what the Senator from Ohio said. It is about hope. Listen, we are not fooling anybody around here, the people watching, the medical community out there, the research scientists, the families of loved ones who are suffering from these illnesses, the kids with juvenile diabetics, to try and get it. They know what that is all about. They know there is only one bill on the floor of the Senate now that gives them hope, and that is S. 5. They know it. All this mumbo jumbo we hear, it doesn't mean anything. Only one thing means anything, and that is to pass the bill that takes the shackles off our scientists, that provides for strict ethical guidelines for people who have leftover embryos at an in vitro fertilization clinic who say: I don't want them discarded as hospital waste. I want them to be donated to science to cure diseases and illnesses and to help suffering people.

That is what S. 5 is about. S. 30 does not do that. It simply keeps the handcuffs on our scientists, and we want to remove those handcuffs.

Mr. President, I see my good friend from New Jersey is on the floor, so I yield 10 minutes to the Senator from New Jersey.

The PRESIDING OFFICER. The Senator from New Jersey is recognized.

Mr. MENENDEZ. Mr. President, I appreciate the Senator from Iowa yielding time, and I appreciate his leadership on this issue.

Mr. President, we are back again—almost a year after Congress passed breakthrough legislation—discussing embryonic stem cell research and, again, I rise in strong support of this lifesaving, life-enhancing legislation.

And a cosponsor of S. 5, the Stem Cell Research Enhancement Act, because I believe the bill has the potential to make a profound and positive impact on the health of millions of Americans. I believe that it can do so in an ethical manner.

We know embryonic stem cells have the unique ability to develop into virtually every cell and tissue in the body. We know numerous frozen embryos in fertility clinics remain unused by couples due to the completion of their fertility treatment. Why should they not be allowed to donate those embryos to Federal research to save lives? We allow people to donate organs to save lives. Why couldn’t a couple, if they so choose, donate their frozen embryos instead of simply discarding them, throwing them away, throwing away hope?

We can do this ethically and still cure illnesses that are killing too many Americans. We can do this ethically and still save lives. But the truth is, we should not even be having this debate right now because if the President had done his duty last year and not vetoed H.R. 810, this bill would already be law, and this country’s dedicated medical researchers would be well on their way to discovering treatments and cures for many of the most savage diseases afflicting us. But when given the opportunity to carry out the will of the people, he stood for ideology and ignorance over science and research.

Mr. President, enough is enough. It is time for a change. I have no doubt that the Senate will pass this important legislation and thus seek to advance federally funded research on embryonic stem cells.

That is the difference. Our bill allows that families might no longer have to fear and suspect that he will follow the same path. But before he takes us down that route, one that leads to more heartbreak and suffering, I have one question. Why? Why is he standing in the way of research that will save lives? Why is he keeping our parents, our children, and our friends locked in wheelchairs and hospital beds? Why is he letting conservative ideology rob the lives of so many suffering Americans?

The simple fact is, whatever the claims of those who oppose this legislation in favor of ideology, embryonic stem cell research offers one of the most promising leaps forward in the history of medicine. Speak to those who are eager to do the research and you hear of potential cures for juvenile diabetes, Alzheimer’s, Parkinson’s disease, and spinal cord injuries. If we unlock the door to this research, we can find treatments and cures for these debilitating and painful diseases. We owe it to our parents, our children, and our grandchildren to do so.

But President Bush prefers ignorance and pain over mercy and miracles. Where is the compassion he often speaks of? His own scientists are trying to explain the power of this research, but he continues to hide his head in the sand, refusing to listen to common sense and reason. Mr. President, it is time to start listening.

The preamble of our Constitution says all Americans have the right to “life, liberty, and the pursuit of happiness.” I believe this implies the freedom to be physically able. By not allowing embryonic stem cell research, we are prohibiting individuals from pursuing their rights. We are blocking them from a possible cure or treatment. And we are standing in the way of their freedom.

Last Congress, the interim chair of the National Institutes of Health stem cell task force, bravely and bluntly spoke of the importance of embryonic stem cell research and the drawbacks of the current policy prohibiting research.

He said:

Science works best when scientists can pursue all avenues of research. If the cure for Parkinson’s disease or juvenile diabetes lay behind one of four doors, wouldn’t you want the option to open all four doors at once instead of one door?

How can we tell our loved ones that their cure could be waiting behind a four-door laboratory, but that the door is locked? We must pursue all avenues of research and unlock the potential that embryonic stem cell research holds.

But if that isn’t enough, recently, before the Health Education, Labor, and Pensions Committee, the Director of the NIH, Elias Zerhouni, said the great promise of human embryonic stem cell research is being impeded by President Bush’s policy. He said:

It is in the best interest of our scientists, our country, and the future of our country that we find ways and the nation finds a way to go full speed across adult and embryonic stem cells equally.

So if President Bush won’t listen to his own scientists, who will he listen to? Perhaps he will listen to the American people who are crying out in virtual unison for change. More than 70 percent of Americans support embryonic stem cell research. Three out of four Americans understand the hope and promise this research provides.

This bill means all the prayers for cures and therapies for Alzheimer’s disease, muscular dystrophy, heart disease, and other illnesses could be answered. This bill provides a promise that families might no longer have to see a loved one suffering. This bill means hope for individuals challenged and fighting to live a life with dignity. I have met with children and families all over New Jersey who have shared their daily struggle with diseases and conditions that could be cured or treated if we were to pursue embryonic stem cell research.

Young children have come to my office and told me how they have to prick themselves with a needle, administer insulin shots, or use an internal pump on the side of their body in order to keep their juvenile diabetes under control. These children might be freed of this grave responsibility if we support embryonic stem cell research. Don’t we owe them the opportunity of a better life? Don’t we owe them the opportunity of a better life? Don’t we owe them the opportunity of a better life? We owe it to the husband whose wife shares uncontrollably from Parkinson’s disease to help find a cure that will restore her body. Don’t we owe it to the athletes who told me about their life-altering spinal cord injuries, to give them the freedom to walk again?
None of these individuals chose their current situations. But we can choose to help get them out of those situations. We owe it to the American people, to the millions of Americans and their families suffering from life-altering disabilities and diseases, to demonstrate that full commitment to finding a cure and doing all we can to help their dreams and hopes come true. Stem cell research has vast potential for curing diseases, alleviating suffering, and saving lives. I know my colleagues recognize the enormous potential of this research, too. It is time for the President to start listening.

The question is, Why does President Bush continually ignore the American people? He ignores what the American people are saying about Iraq, and now he ignores what they are saying about embryonic stem cell research. Both decisions result in lost lives, and both decisions cause pain and suffering. This is unacceptable to me and the overwhelming majority of Americans. It should be unacceptable to the President as well.

I am very passionate and dedicated to this cause because the promise of stem cell research has personally captivated my family, like it has so many other American families. My mother suffers from severe Alzheimer’s disease. When I look at her empty gaze and her shriveled body, I cannot help but wonder if we had started embryonic stem cell research years ago, would she be cured, would she at least be able to recognize her children and her grandchildren, would she have been with me on the day I took the oath of office in this Chamber?

I don’t want my children to be asking the same types of questions. We cannot wait any longer.

The Stem Cell Research Enhancement Act is an ethical life-enhancing, lifesaving piece of legislation. I believe it is the moral obligation of the United States Government and the President of the United States to allow this process—these potential cures—to be fully explored.

Embryonic stem cell research holds the promise of hope and the possible restoration of life. We owe it to current and future generations to ensure that their lives remain as bright and prosperous as to- day’s science allows.

It is time for the President to start listening to the American people and to the scientists, not just special interest groups. It is time for him to sign this important piece of legislation into law and open the door to the hope and promise of embryonic stem cell research.

It is time for hope and cures—not despair and disease.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. HARKIN. Mr. President, I thank the Senator from New Jersey for a very eloquent and poignant presentation of his position on embryonic stem cell research. I think what the Senator reflected is, again, the hopes of so many families in America who have a loved one suffering from Alzheimer’s or juvenile diabetes, or a young woman who has had an accident and is a paraplegic for life. What do you say? What can we do to help? How can we help? Well, it is one thing to be sympathetic—and we are sympathetic to those who suffer from illnesses or injuries—but if we have it within our power to help them, we should do it. The Senator from New Jersey, I think, said, to open some doors and see what is behind those doors, it seems to me we are compelled to do that.

We don’t know where the scientific research may lead. But we do know if we don’t do it, it is not going to lead anywhere. We know that. As I said earlier, the foundations are there to give hope to people that embryonic stem cell research will lead to great discoveries and treatments and interventions. We are opening doors, and we are learning from the scientists over the last dozen years or more—and especially since Gerhardt and Thompson isolated stem cells in 1998—the scientific community has clearly indicated that harnessing the power of embryonic stem cells that can develop into any form of a cell in the body could lead to interventions and cures that are now beyond our grasp.

I listened to the Senator from New Jersey, especially when he talked about opening doors. I have often likened biomedical research, scientific research, to saying if there are 10 doors, and you don’t know what is behind any of those doors, if you are only going to open one door, what are your odds of finding the right answer? Well, if you open two doors, the odds get better. If you open five doors, you know it is 50-50. So the more doors we open, the better our chances are of finding these discoveries.

The Senator is right. If we open one door at a time, the odds are always going to be 10 to 1—or I guess it would be 9 to 1. It would be 9 to 1 that you are not going to find the right answer. If we start opening all these doors and get the scientists talking with one another and looking at things, well, that means the span of time that it would take to find these cures is collapsed.

Scientists don’t work in a vacuum. They collaborate. They talk with one another. They read one another’s papers. They find out what other scientists are doing. They find out if a scientist has opened a different door and collaborate on that. That is why it is necessary to begin to open these doors. I thank the Senator from New Jersey for talking about that point.

Earlier I was responding to the comments of the Majority Leader from Kansas, Senator Brownback. He was talking about 72 diseases being treated with adult stem cells. I pointed out his list included several types of leukemia and lymphomas, but I had printed in the RECORD earlier a letter from George Dahlman of the Leukemia and Lymphoma Society saying they support S. 5.

Senator Brownback’s list also included testicular cancer. I have a letter from Craig Nichols, M.D., board member of the Lance Armstrong Foundation. Here is what he says:

As a member of the Lance Armstrong Foundation Board of Directors, I am writing in response to assertions that adult stem cells have treated or cured the disease of testicular cancer. . . . I feel it is important to set the record straight on this issue.

There is not an FDA-approved adult stem cell treatment generally available to treat testicular cancer. Rather, adult stem cells enable testicular cancer patients to withstand a higher dose of chemotherapy during treatment for the disease.

We support exploring every avenue of research. I feel that it is important to set the record within specified ethical limits, until a cure is found.

The Lance Armstrong Foundation asks that you and your colleagues pass S. 5, and not accept any substitutes.

I ask unanimous consent that a copy of this letter be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

LIVESTRONG.

LANE ARMSTRONG FOUNDATION,

HON. HARRY REID,

Majority Leader, U.S. Senate,

Washington, DC.

Dear Senator Reid:

As a member of the Lance Armstrong Foundation’s (LAF) Board of Directors, I am writing in response to assertions that adult stem cells have treated or cured the disease of testicular cancer. While the mission of the LAF is to inspire and empower people affected by all types of cancer, I feel it is important to set the record straight on this issue.

Testicular cancer is the most common cancer among men ages 15-35 and approximately 8,000 men will be diagnosed with testicular cancer in the United States this year. While testicular cancer is one of the most curable forms of cancer, our organization would like to emphasize as the Senator from New Jersey did, that we have not completely eradicated the disease.

There is not an FDA-approved adult stem cell treatment generally available to treat testicular cancer. Rather, adult stem cells enable testicular cancer patients to withstand a higher dose of chemotherapy during treatment for the disease.

We support exploring every avenue of research including embryonic stem cell research within specified ethical limits, until a cure is found. The most respected scientists in our field view embryonic stem cells as an area of research that must be explored, and one that we believe is important to set the record straight on this issue.

We support exploring every avenue of research including embryonic stem cell research within specified ethical limits, until a cure is found. The most respected scientists in our field view embryonic stem cells as an area of research that must be explored, and one that our government must make a commitment to support. The Lance Armstrong Foundation asks that you and your colleagues pass S. 5, and not accept any substitutes.

Sincerely,

Craig Nichols, M.D.
Lance Armstrong Foundation
from six Parkinson’s groups: The American Parkinson’s Disease Association, the Parkinson’s Action Network, the Michael J. Fox Parkinson’s Research Foundation, the National Parkinson Foundation, the Parkinson’s Disease Foundation, and the Parkinson’s Action Network.

Here is what they say:

Opponents of S. 5 are using as ammunition the assertion that embryonic stem cell research is not needed in this country because many diseases, 72 of them, including Parkinson’s, have been treated or cured with adult stem cells. This assertion is an absolute falsehood. If there were a therapy to adequately treat the symptoms or halt the progression of this unrelenting disease, the millions of Parkinson’s patients, caregivers and their physicians would be pursuing that treatment right now.

The Parkinson’s community asks that you and your colleagues pass S. 5 and not accept any substitutes.

I ask unanimous consent that this letter be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:


Hon. HARRY REID, Majority Leader, U.S. Senate, Washington, DC.

DEAR SENATOR REID: We recognize that you are hearing from many patient advocacy and research organizations refuting a belief that adult stem cells have been used in treating or curing a long list of ailments, conditions and diseases. Representatives from all 50 states and more than one million people with Parkinson’s disease and their families, our organizations would like to emphasize that the Senate debates S. 5, the Stem Cell Research and Enforcement Act, that we exist today because we have NOT found a cure or adequate treatments for Parkinson’s using adult stem cells or otherwise. Furthermore, Dr. Elias Zerhouni, Director of the National Institutes of Health and President Bush’s top scientist, when recently testifying before the Senate declared that the idea that adult stem cells hold as much promise as embryonic stem cells “doesn’t hold scientific water.”

Because evidence of embryonic stem cell research is critical to advancing understanding of and treatments for Parkinson’s disease, the Parkinson’s community is dedicated to expanding federal funding for embryonic stem cell research. As you may know, Parkinson’s occurs when dopamine producing neurons in the brain die. To this date, scientists have had more success in generating dopamine cells from human embryonic stem cells than from any other type of stem cell, including adult, umbilical, or amniotic stem cells.

While replacement of these neurons may lead to the cure or prevention of MS or relieve its symptoms must be explored. The National MS Society believes all research using human cells, in accordance with Federal, State, and local laws and with adherence to the strictest ethical and procedural guidelines. Research on all types of stem cells is critical because we have no substitutes.

Opponents of S. 5 are using as ammunition the assertion that embryonic stem cell research is not needed in this country because many diseases, 72 of them, including Parkinson’s, have been treated or cured with adult stem cells. This assertion is an absolute falsehood. If there were a therapy to adequately treat the symptoms or halt the progression of this unrelenting disease, the millions of Parkinson’s patients, caregivers and their physicians would be pursuing that treatment right now.

The most respected scientists in our field view embryonic stem cells as an area of research that must be explored and one that our government must make a commitment to support. The Parkinson’s community asks that you and your colleagues pass S. 5 and not accept any substitutes.

Sincerely,

JOEL GERSTEL, American Parkinson Disease Association, AMY COMSTOCK RICK, Parkinson’s Action Network.

DEAN BROOKS, The Michael J. Fox Parkinson’s Research Foundation.

JORDI GARCIA-PEDRÓNA, National Parkinson Foundation.

ROBIN ELLIOTT, Parkinson’s Action Foundation.

CAROL WALTON, The Parkinson Alliance: Parkinson’s Unity Walk.

Mr. HARKIN. Mr. President, Senator Brownback’s list includes multiple sclerosis. Here is a letter from the National Multiple Sclerosis Society.

S. 5 is the only bill that is pro-patient, pro-cure, and pro-work to pass S. 5 immediately. Thank you for bringing this important vote to the Senate floor.

Joyce Nelson, President and CEO of the National Multiple Sclerosis Society.

I ask unanimous consent that this letter be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:


Hon. HARRY REID, Senate Majority Leader, Washington, DC.

DEAR SENATOR REID: The National Multiple Sclerosis (MS) Society strongly supports the Stem Cell Research Enhancement Act (S. 5). We ask that as Majority Leader, you help champion S. 5 through the Senate without any amendments and with the widest possible majority of support.

The National MS Society believes all promising avenues of research that could lead to the cure or prevention of MS or relieve its symptoms must be explored. The Society supports research that is scientifically and medically meritorious medical research, including research using human cells, in accordance with Federal, State, and local laws and with adherence to the strictest ethical and procedural guidelines. Research on all types of stem cells is critical because we have no substitutes.

The National MS Society believes that absolute candor should rule in the stem cell research debate and that the time has come to overthrow the misguided tenets of its opponents. Research is not performed in a vacuum. The CDRF funds a number of research initiatives through our individual grants program, research consortia, and translational fund and provides a number of initiatives that can complement and ideally expedite discoveries and treatments. While there are indeed a number of promising avenues now being investigated that address paralysis and spinal cord injuries through rehabilitation, cellular therapies and pharmaceuticals, there simply is no merit to any claim that adult stem cells have successfully treated or cured spinal cord injuries.

The National MS Society believes that embryonic stem cell research is specifically meritorious medical research, including research using human cells, in accordance with Federal, State, and local laws and with adherence to the strictest ethical and procedural guidelines. Research on all types of stem cells is critical because we have no substitutes.

The National MS Society believes all promising avenues of research that could lead to the cure or prevention of MS or relieve its symptoms must be explored. The Society supports research that is scientifically and medically meritorious medical research, including research using human cells, in accordance with Federal, State, and local laws and with adherence to the strictest ethical and procedural guidelines. Research on all types of stem cells is critical because we have no substitutes.

The National MS Society believes that absolute candor should rule in the stem cell research debate and that the time has come to overthrow the misguided tenets of its opponents. Research is not performed in a vacuum. The CDRF funds a number of research initiatives through our individual grants program, research consortia, and translational fund and provides a number of initiatives that can complement and ideally expedite discoveries and treatments. While there are indeed a number of promising avenues now being investigated that address paralysis and spinal cord injuries through rehabilitation, cellular therapies and pharmaceuticals, there simply is no merit to any claim that adult stem cells have successfully treated or cured spinal cord injuries.

The CDFR believes that embryonic stem cell research must receive federal funding in order to advance this critical endeavor and which will potentially lead to treatments and possibly cures for many truly devastating diseases and disorders.

Sincerely,

CHRISTOPHER AND DANA REEVE FOUNDATION, April 5, 2007.

The Parkinson’s community asks that you pass S. 5 and not accept any substitutes.

Sincerely,

JOYCE NELSON, President and CEO.
Mr. HARKIN. Mr. President, against, Senator BROWNBACK's list includes several blood conditions. Here is a letter from the American Society of Hematology:

ASH supports S. 5 because our members are interested in expanding the current federal policy on embryonic stem cell research to allow scientists to explore the full promise of this field. The other bill that will be considered does not change current policy in any meaningful way...

Again, our Society urges your support of S. 5.

I ask unanimous consent that this letter be printed in the RECORD.

The PRESIDENT. The Senator from New Jersey. I assure him that if he needs more time, we will yield him some more time. I yield to the distinguished Senator, my good friend, Mr. LAUTENBERG.

Mr. LAUTENBERG. Mr. President, I thank my friend and colleague for his leadership on this issue. I hope we can find out there are lots of leaders around here who just have not shown their intention to lead. I congratulate Senator HARKIN for his hard work.

People ask me why stem cell research isn't available. The people who ask me that question most frequently are the families who come to see me. I love seeing their children. I am a grandfather of 10 kids. The oldest is 13, the youngest is 3. When I look at what my responsibilities are, I think of my children and grandchildren, and I think about everybody else's children and grandchildren at the same time. I couldn't make it good enough for my grandchildren when it comes to helping them rid themselves of their illnesses or permitting them to live an easy, normal life in many cases.

My oldest grandson is 13, and he is asthmatic. Whenever my daughter takes him to play sports, she always checks to see where the nearest emergency room is if he starts to wheeze or he needs some help, she wants to know where to go.

I see it with lots of visitors I have, like families with a diabetic child. I had one boy who was 10 years old come to my office in New Jersey, I sat around a long table with families who have a child who is diabetic. I asked the kids their responses to their disease, what is the worst part of it. They all said: Sticking your finger, and not feeling good when everybody else looks as if they are having fun.

People ask me: Why can't we do something about this? We are spending billions on a war that brings us gloom and despair, and we spend billions on tax cuts for people who don't need them—but we need help. People ask me: Why can't we do something about this? We are spending billions on a war that brings us gloom and despair, and we spend billions on tax cuts for people who don't need them—but we need help.

I refer to Mr. President, when I asked him what the worst part of having diabetes was, he said: I can't go to sleep-overs anymore.

I said: What do you mean?
He said: One time I slept over at my friend's house and during the night I got sick and he called his mother and she got mad. So my parents won’t let me go to sleep-overs anymore. I am sad about that because I like my friend, but I won’t do anything about that.

Then he said: But I’m only going to live to 31 anyway.

With that his father sat right up and said: No, no, that’s not true at all. We are going to take care of you.

I wish President Bush was in that office when I had some of those kids in there or when I have families with an autistic child come to meet with me. It affects everything that the family does. It would mean the world to them if their child could be treated to become healthy.

We have an epidemic across our country with autism. We see that 1 in every 150 families in America are affected by autism and the fact that they must go to public agencies or hire teachers or send their particular school. When we look at the situation, we see that stem cells have the potential to save lives and alleviate the suffering of millions of Americans. Of course we should fully fund research for embryonic stem cells regardless of when they were developed. That is common sense. But we have a President who is held captive by ideologues who are at war with science.

Over 5 years ago, President Bush enacted a policy that made no scientific sense, only political sense for his base. He put a stop to the development of new stem cell lines for research. Once again, that is a devastating blow to people who have a diabetic in their family, or cancer, Parkinson's, autism, or other diseases.

In New Jersey, the number of those affected by autism is staggering. In 1991, there were 234 cases of autism diagnosed. In 2005, less than 15 years later, there were 3,000 cases of autism. We say we want to help these people, but the President says he doesn’t believe in it and threatens another veto when this bill is presented to him.

There is no good answer I can give these families and children. But I do assure them that I will do all I can to reverse the President’s policy so we can work hard for a cure for their diseases.

Tomorrow we will have the opportunity to vote to help these kids. The science is clear: Stem cell research, particularly embryonic stem cell research, has tremendous potential to help us better understand treatments and cure a number of diseases. That is why Americans overwhelmingly support stem cell research. Studies show that 7 out of 10 Americans—70 percent—favor embryonic stem cell research. Virtually every major medical scientific and patient group supports embryonic stem cell research. Organizations like the American Medical Association, the American Diabetes Association, the Christopher Reeve Foundation, the Elizabeth Glazer Pediatric AIDS Foundation, and the list goes on and on. In my home State of New Jersey, support for stem cell research is overwhelming. In fact, Rutgers University, our state university, is one of the leading advocates of stem cell research.

Our country has always been about hope, about the chance for a better life. So when President Bush talks about vetoing a stem cell research bill, it denies hope to millions of Americans. Last year, Congress passed similar legislation that reversed the President’s policy on stem cells, but the President vetoed that bill based on what he calls ethics and morality. What is ethical about denying a cure to children suffering from diabetes? Is there anything moral about denying people who have paralysis the chance to perhaps walk again?

Any real ethical issues are addressed by this bill. New stem lines will come from embryos donated by fertility patients under strict guidelines. They will not be embryos created for research. What we are talking about in this bill are embryos that would otherwise be disposed of, discarded, thrown away.

We stand at a crossroads in America. We can either take the position that cells in a petri dish are a gift for healing or we can throw away the opportunity to alleviate human suffering. The men, women, and children who suffer from conditions whose treatments are years away are going to take care of you. With that his father sat right up and said: No, no, that’s not true at all. We are going to take care of you.

I wish President Bush was in that office when I had some of those kids in there or when I have families with an autistic child come to meet with me. It affects everything that the family does. It would mean the world to them if their child could be treated to become healthy.

We have an epidemic across our country with autism. We see that 1 in every 150 families in America are affected by autism and the fact that they must go to public agencies or hire teachers or send their particular school. When we look at the situation, we see that stem cells have the potential to save lives and alleviate the suffering of millions of Americans. Of course we should fully fund research for embryonic stem cells regardless of when they were developed. That is common sense. But we have a President who is held captive by ideologues who are at war with science.

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With that his father sat right up and said: No, no, that’s not true at all. We are going to take care of you.
I also wish to note that currently in the United States, it is not illegal anywhere in the country for a person to donate an embryo to develop a stem cell, an embryonic stem cell line. It is not illegal anywhere. What we are talking about here today is expanding the Federal taxpayer funding for human embryonic stem cell research. We are talking about taxpayer funding of this research that is considered highly unethical to a number of our fellow Americans. It is something we do not need to do.

On the point of not needing to do this research with taxpayer dollars, I ask unanimous consent that an article be printed in the Record at the end of my statement.

The PRESIDING OFFICER. Without objection, it is so ordered.

(See exhibit 1.)

Mr. BROWNBACK. This was an article posted at CNN at 4:05 eastern daylight time that “Type I diabetics live longer thanks to cell with 46 chromosomes,” which is our source. This is just out on CNN this afternoon. “Thirteen young diabetics in Brazil . . . That is a point I have made in the past. Thirteen young diabetics in Brazil have ditched their insulin shots and need no other medication, thanks to a risky but promising treatment with their own stem cells—apparently the first time such a feat has been accomplished.

This is just a highlighting of this particular article. Again, the research is being done in Brazil. You will see some consistency on points. If you followed my earlier comments, I was talking about a gentleman who was getting a heart treatment with his own stem cells in Bangkok, Thailand; a young lady in Illinois who received treatment for her spinal cord injury, a paraplegic, in Portugal. Now this diabetic work is being done in Brazil. All of this adult stem cell work that is taking place is outside of the country rather than being done here and us funding and doing it in America. If we are losing the battle in the research anywhere, it seems to be in the adult stem cell field that is producing these types of treatments.

Let me proceed. This is an AP story. It was on CNN. I am reading: "Thirteen young diabetics in Brazil have ditched their insulin shots and need no other medication thanks to a risky but promising treatment with their own stem cells—apparently the first time such a feat has been accomplished. All of this adult stem cell work that is taking place is outside of the country rather than being done here and us funding and doing it in America. If we are losing the battle in the research anywhere, it seems to be in the adult stem cell field that is producing these types of treatments.

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I wish to hit that point. The procedure involves stimulating the body into producing new stem cells and harvesting them from the donor’s body; this allows up to several days of high-dose chemotherapy, which virtually shuts down the patient’s immune system and stops destruction of
the few remaining insulin-producing cells in the body. This requires hospitalization and potent drugs to fend off infection. The harvested stem cells, when injected back into the body, build a new healthier immune system that does not attack the insulin-producing cells.

Patients were hospitalized for about 3 weeks. Many had side effects. One developed pneumonia, the only severe complication. The doctors changed the drug and treatments failed in the first patient who ended up needing more insulin than before the study, and another patient also relapsed. The remaining 13 live “a normal life without taking insulin,” said the study co-author, Dr. Julio Voltareli of the University of Sao Paulo. “They all went back to their lives.”

The patients enrolled in the study at different times so the length of time they have been insulin-free also differs. Dr. Burgess had some success using the same 170 patients with other autoimmune diseases, including lupus and multiple sclerosis; one patient with an autoimmune form of blindness can now see. Dr. Burgess said, and then he had this quote: The body has a tremendous potential to repair.

The study was partly funded by the Brazilian Ministry of Health and Genzyme Corporation, a maker of blood sugar monitoring products.

Now, why are we not doing these treatments in America? Why would we not be funding this sort of work? We do not have unlimited amounts of funds to go around. We are putting $613 million into speculative embryonic stem cell research. Why is it not being done here? There are now 13 young diabetics who ditched their insulin shots. That is beautiful news. It should be done here.

Yet we are starving this field that is producing so many results, putting in $613 million into embryonic stem cell research that is highly speculative, that is considered unethical by many of our fellow citizenry in the United States, using no treatments or cures, while people are going to Brazil to be able to deal with diabetes or to Portugal to deal with spinal cord injuries or to Thailand to deal with congestive heart failure and heart disease.

Now is something wrong with this? I think it clearly is wrong when we are not seeing these treatments here, the treatments are going to other places, and we are not funding them. We need to do more in the adult stem cell field, in the cord blood field, we need to do more in amniotic fluid, we need to do more in the placenta stem cell field. American citizens should not have to go to Brazil and other places to get this cutting-edge technology.

Yet we will spend a lot of time debating on the floor over embryonic stem cells, or the need to do research on both adult and embryonic, but the problem is—do we not have infinite money with a limited budget? What do we have—not have a limited research budget. The money we are putting into the embryonic field, destroying human life at taxpayer expense, does not go into adult stem cell work. It does not go into other areas where there is a research breakthrough, to get the results that would treat people so that diabetics do not need their insulin shots. It is cutting-edge work being done somewhere else. We are not funding it.

I want to talk, too, about another aspect of this that I have not brought up previously, and that is private-sector funding. I note on this diabetes story that was out on the AP wire that there was a private corporation, Genzyme Corporation, making blood sugar monitoring products.

It is not illegal anywhere to do embryonic stem cell research in this country, and if it is so promising in the health care field, one would think there would be heavy private-sector investment, taking place in embryonic stem cell research. If this is producing and holds the key to curing Alzheimer’s and Parkinson’s and diabetes, then one would think there would be a flood of private-sector money coming into this field and we would get the early patents on some of the work.

Let’s see what is happening in the investor community on this. How many private investors are going into it? We can talk about following the money into the field. This is a July 17, 2006, edition of the New York Sun, an article written by Harold Furchtgott-Roth, former FCC Commissioner. I wish to quote some from this article. I will put this in. He says this:

For investors, the debate over Federal funding of embryonic stem cell research is an indication that profits are remote. In many, if not most, areas of technology— including electronics, chemistry, and computing—the frontiers of research and development are spearheaded by private business. Where profits are a powerful inducement, innovation needs little federal funding.

From pharmaceutical to monitoring equipment, much of medical research advances to the drumbeat of capitalism. Innovation ideas are rewarded. Tens of billions of private dollars flow in and around the world finance new research because it offers visible roads to rewards.

What does he say about stem cell research? We knew this to be true, that there is no venture capital backing for stem cell research, and the number of publications is waning. These are all indicators that we ought to be looking at and asking ourselves: What is taking place?

Now earlier I covered some of the advances in stem cell research that has happened, and I note that again in the commercial sector in pharmaceutical supplies and electronics and computing. One of the big driving areas is the private sector or the investors going into these fields and investing heavily. So what are they doing in stem cell research, embryonic stem cell research today?

To date, private investment in stem cell research has been relatively small and unrewarding. Several publicly traded but relatively small American companies

He lists a couple—

... conduct research and development on stem cells. Many privately held companies also pursue stem cell research, but venture capital backing for stem cell research is waning.

It is not growing; it is waning.

Nor is there substantial private research and development migrating abroad. American financial institutions raise enormous sums to invest in businesses engaged in medical research both in America and abroad—

We certainly know that to be true—but little if any of that money targets foreign investment in stem cell research companies.

The current policy does not appear to have left America backward in the basic science of stem cell research. According to a recent study in “Nature Biotechnology,” American scientists account for the dominant share of research publications on embryonic stem cell research, and the number of publications is growing rapidly. Perhaps American science will be even more enriched with greater Federal funding, but the stimulus for that funding should not be that we are falling hopelessly behind the rest of the world.

Mr. President, I ask that the rest of this article in its entirety be inserted at the conclusion of my comments.

The PRESIDING OFFICER. Without objection, it is so ordered.

(See exhibit 2).

Mr. BROWNBACK. Mr. President, my point in saying this is that we know this is true. We know that in the medical health field, if there are some great results that are coming that could be patentable or provide treatments—that the medical sector of our economy is growing as a percentage of the gross national product, that I think is somewhere around 15 percent now, growing faster, that there is a heavy investment in medical research taking place, we know that in the pharmaceutical industry, we know that in the medical treatment areas that is taking place.

So why is that not happening in embryonic stem cells? The reason is because it is not producing any results. Instead, we have health ministries and corporations going abroad to make these investments in the adult field when they feel like there is not sufficient interest here taking place.

That should tell us something; that is, the private sector is not putting money in. Indeed, the private-sector research is waning. These are all indicators that we ought to be looking at and asking ourselves: What is taking place?

Now earlier I covered some of the advances in stem cell research that has happened, and I note that again in the commercial sector in pharmaceutical supplies and electronics and computing. One of the big driving areas is the private sector or the investors going into these fields and investing heavily. So what are they doing in stem cell research, embryonic stem cell research today?

To date, private investment in stem cell research has been relatively small and
that embryonic stem cells produce tumors.

This is continuing to come out in all the data, and I think it is part of the reason why you do not see private investors going into this field. If this is the pharmaceutical field and those drugs you are treating people with are producing tumors, it is unlikely that that drug is going to get approved by the FDA, it is unlikely it is going to move forward in any sort of drug delivery system or it is going to be accepted by the public. It is going to be a high likelihood that you are going to get tumors.

Mr. President, I ask unanimous consent to put this set of documents in at the end of my statement.

The PRESIDING OFFICER. Without objection, it is so ordered.

(See exhibit 3).

Mr. BROWNBACK. This is a series of front pages of articles of the various scientific publications where we have had, to date, tumors being developed by embryonic stem cells. These are in animal models because, of course, we do not have any human clinical trials that are taking place yet with embryonic stem cells. These are all in the animal field. But we are seeing continued in the research results, as I stated earlier, that the embryonic stem cells injected into animal models are creating teratomas, creating tumors.

This, as I quoted earlier, happened in the fetal tissue debate of 15 years ago, when they were creating teratomas or tumors, and we are now seeing the tumors come up again consistently in the research data on embryonic stem cell work. And here—this gets quite technical. But I wish to read some of the quotations in these various articles, that if any of my colleagues would like to look it up, this will be in the RECORD.

Here is a research article from 2004, when cultures were transplanted into diabetic mice—we were just talking about a successful diabetic treatment in humans—this is in diabetic mice. They formed teratomas—again those are tumors—and did not reverse the hyperglycemic state. This is the first page of a 2004 scientific publication. Here is an embryonic stem cell publication, and this is the front page of this article, that is out in a 2006 article: Embryonic stem cells derived neuroprogeny, more than 70 percent of mice, that were transplanted into these types of embryonic stem cells developed teratomas, thus posing a major safety problem is what this article noted, that 70 percent of mice developed tumors. It does not sound like that one is going very well.

We have another one in the Stem Cell publication, again 2006 publication, developed severe teratomas, in this particular publication, using human embryonic stem cells again in lab rats, grafted into lab rats. That one is not going very well.

Here is a 2005 article from a publication: Four weeks postimplantation, cells implanted in high numbers formed teratomas in the majority of the animals implanted. That one is not going very well.

Here is a Brazilian publication involving brain tissue: Unlimited self-renewal in high differentiation poses the risk of engraftment. This is December of 2004. That one is taking place, and it is not going very well.

Here is another publication. This one is from 2003. Conclusions: Transplanted ES cells can, however, form a tumor if they leak into an improper space such as the thoracic cavity. Now we have a bigger problem. If the stem cells leak into another area, they form tumors in other parts of the body. That one is not going very well.

Here is another publication. This is a 2005 publication. When the cultured cells were transplanted into diabetic xenografts of mice, they reversed the hyperglycemic case for 3 weeks, but the rescue failed due to immature teratoma formation and then formed cancer cells. So they did something for 3 weeks, and that didn’t work out very well.

Here is another publication. This is out of Washington University. 2004. Results suggest transplanting ES cells into the injured spinal cord does not improve locomotive recovery and can lead to tumor-like growth of cells, accompanied by increased debilitation, morbidity, and mortality. That one is not going well.

That is a set of publications. This is just the front pages of these that I am referring to. You can get into the RECORD. My point is this is highly consistent with the fetal tissue work earlier and what is working. We have a route that is moving. Why would we move on forward, put another $200 billion of Federal money into an area that has not worked for 25 years.

I recognize my colleague from Alabama.

Mr. SESSIONS. I wanted to ask my colleague if he will yield for a question?

Mr. BROWNBACK. I am happy to yield for a question.

Mr. SESSIONS. I thank my colleague for the many hours of effort he has put into this to analyze the data that is out there about this important issue. It has been helpful to us. I know some people think it is an easy question for them. Senator BROWNBACK has taken the responsibility of willing to dig into the issue because it does touch on real moral and ethical questions. It is not a light matter.

Let me ask the Senator a question. Is it true that the embryonic stem cells we are talking about here, if allowed to grow and mature, would be a human being, and that human being’s height, hair, eye color, and all, would have been determined at that very moment when it was at that embryonic stem cell stage, how they would grow and mature?

Mr. BROWNBACK. Yes. My colleague states the obvious. It is when you get that first set of chromosomes from your mother and father that your hair color, so many of your features are determined. It doesn’t change. That is your genetic material, and you get it from the very earliest instance.

Mr. SESSIONS. So the life that is being proposed here, it is life, I think no one can dispute that. It is a living organism. This life, if allowed to develop, will be developed into a distinct human person?

Mr. BROWNBACK. Yes.

Mr. SESSIONS. So I think that implicates some questions to all of us. It is not a thing outside the realm of reason. Good people question whether we should experiment on that life. You had a number of children who were brought here, snowflake babies. I didn’t get to be with you on that occasion, but it was reported to me. Would you tell us about those children you saw?

Mr. BROWNBACK. I have a picture of one here. This is Hannah, one of the first snowflake babies. It is pretty simple and direct story. Just like you and me, they started out as embryos. They went into a frozen state for a period of time. Then they were allowed to be adopted by other individuals and implanted into a mother’s womb and then grew in a normal process that takes place. The point you made earlier that I think should be so obvious to all of our colleagues is this is Hannah here and this is Hannah at an earlier stage where she is an embryo, just as we were at one point in time.

Mr. SESSIONS. This very type embryo is what we are talking about experimenting with under the legislation that is before us.

Mr. BROWNBACK. With Federal taxpayer dollars; that is what we are talking about.

Mr. SESSIONS. With regard to this, we know good people can differ. I certainly believe good people can differ. I want to speak to anybody on these questions. I am not a scientist. I certainly haven’t studied it to the extent that you or other Members of this body have. Senator COBURN and Senator HATCH and others have studied it. Some have different opinions about it. I don’t think it is an insignificant matter that this is a piece of life, a small embryonic life that would grow into a distinct human being. That is what we are talking about providing Federal funds to experimenting with.

It is not a crime today for a private person or a university to experiment on this, even if it causes people moral and ethical problems, is it?

Mr. BROWNBACK. That is correct. It is not a crime today.

Mr. SESSIONS. Private people are doing that today?

Mr. BROWNBACK. That is correct.

Mr. SESSIONS. I guess in 2001, President Bush acknowledged there were embryonic lines available at that time and that any action we took at that moment against those lines did not implicate human life. He said those lines
would be available for embryonic stem cells for any university that would apply; is that correct?

Mr. BROWNBACK. That is correct, and that Federal taxpayer funds could be used to experiment on those human embryonic stem cell lines where the life-and-death decision had already been made.

Mr. SESSIONS. I had heard at some point that those lines may not be continuing, but I am informed that in fact those lines do continue, at least some of them, and that there is a substantial number of embryonic cells available for research if they were asked for, but they haven’t been all utilized; is that correct?

Mr. BROWNBACK. That is correct as well.

Mr. SESSIONS. So when we get up to this line of experimenting with human life, one of the things I would ask myself is, is this medically necessary? Is this a matter about which we are debating that would prevent some sort of research? The way I see it, there are federally funded stem cells available for research today, as you have explained. Then there is no limit whatsoever of stem cells that are available in the private sector, at our universities and our great research centers in the world and in the United States; is that correct?

Mr. BROWNBACK. That is correct. Any private firm or private investment can take place, any sort of State or local investment can take place, although, as I noted in the article, the private sector does not seem to be putting much money into the field, I believe that is clearly because of a lack of results.

Mr. SESSIONS. I think that is important for you to share with us. Because decisions become easier then when there is not a crisis. We deal with self-defense issues and moral issues a lot of times, but we seem to me to be at that critical juncture in our scientific activity that would require the American people, through the expenditures of their dollars, to affirm this procedure. Would the Senator not agree if the American people fund this procedure, then it represents a national blessing of the procedure, in effect, an approval of this procedure as moral and legitimate?

Mr. BROWNBACK. Well, it clearly does. It is the youngest of human life as property, not as a person. You noted this is alive. Yet some would say it is not a life. It is alive, but it has not yet risen to the level of being a human life. This would say we can treat it in the same way we treat another one of their life continuum as property and that we will use Federal taxpayer dollars to destroy them and to do research on them at that point in time. If you can do that at earlier stages, why not later? What is the differentiation? At what point does this become the crossing boundaries we ought not to cross, and saying we are going to take your money in disrespect of your views and spend it on a procedure you strongly feel is not the right thing, committing our Nation officially as approving this procedure is not a bridge we have to cross. That is where I come down at this point. I do not claim to be all knowing, but that is what I would say.

I say to Senator BROWNBACK, I would share with you a letter I received in March, just about a month ago, from a constituent in my State who e-mailed me in support of S. 5, and I sent back some of the thoughts my staff and I had put together on it. I got this letter. It is addressed to me, but it could probably be better addressed to you based on the work you and others have done. He had a child who had a recent four-wheeler accident and was a quadriplegic. This is his quote:

In our desire to see our son again have use of his limbs, we allowed our opinions to be influenced by the media. You were so kind to respond to our e-mail with a letter stating your opinions and thoughts. After doing more research, listening to the opinions of a long-time quadriplegic about this issue, we are pleased with the position you have taken against this legislation. We felt we owed you an apology—

They certainly did not and thank you for your adherence to Christian moral boundaries when voting on public policy.

I know a lot of people have different views on this issue, and some think everybody in the country has a certain point of view. But I think if more people understood the remarks you made, the great research that is ongoing that could actually cure or heal spinal cord injuries, could help with diabetes and Parkinson’s and other diseases—if this were critical to the passage of this legislation, I think we would have a more difficult choice to make.

But I think, as you have explained it, at this point in history and in science, we are at a point where that research can continue. It is not stopped, and it is not necessary for us to make that final step to cross this barrier and begin to officially, as a nation, experiment with human life.

I say to the Senator, thank you for your work. You have led me around to this position. I think I will not be supporting S. 30 and will be supporting S. 5. I think it is a better way—excuse me, which one is it, I ask Senator BROWNBACK?

Mr. BROWNBACK. S. 30.

Mr. SESSIONS. Yes, I think you are correct. I will be supporting S. 30 and voting against S. 5. And this has been an important debate. The American people have had the opportunity to hear some good arguments and a great deal of science and research. We are heading in the right direction, I believe, with the President saying he would accept S. 5, and I support it. He stood up, absolutely. He has studied the issue, and he has firm views about it. Whereas the legislation may pass here, I am hopeful it will not finally become law.

Thank you very much.

Mr. BROWNBACK. I thank my colleague from Alabama. I note for his
constituent, who sent such a kind letter, one of our lead examples is this woman shown in this picture, Jacki Rabon, who is a paraplegic, not a quadriplegic, from a car accident and was treated with adult stem cells—her own—in Portugal instead of the United States, walking with success in a pair of braces. There is tingling and feeling now throughout her legs, and hopefully that will continue. In all of these cases, it is important we get early treatments and people get treated—and I want to see that increasingly in the United States.

Mr. SESSIONS. Let me just interrupt you there because people miss this, perhaps. You are saying she was treated with adult stem cells?

Mr. BROWNBACK. She was treated with her own stem cells.

Mr. SESSIONS. So it was not necessary for her treatment to have embryonic stem cells?

Mr. BROWNBACK. It was not necessary. The one thing that was necessary is she had to travel to Portugal.

The PRESIDING OFFICER. The time controlled by the Senator has now expired.

Mr. BROWNBACK. Thank you, Mr. President.

EXHIBIT 1

TYPE 1 DIABETICS LIVE WITHOUT INSULIN IN STEM CELL EXPERIMENT

CHICAGO, IL (AP)—Thirteen young diabetic patients have gone without insulin shots and need no other medication thanks to a risky, but promising treatment with their own stem cells—apparently the first time such a feat has been accomplished.

Though too early to call it a cure, the procedure has enabled the young people, who have Type I diabetes, to live insulin-free so far, some as long as three years. The treatment involves stem cell transplants from the patients' own blood.

"It's the first time in the history of Type I diabetes that people have gone with no treatment whatsoever. . . . no medications at all, with normal blood sugars," said study co-author Dr. Richard Burt of Northwestern University's medical school in Chicago, Illinois.

While the procedure can be potentially life-threatening, none of the 15 patients in the study died or suffered lasting side effects. But it didn't work for two of them.

Larger, more rigorous studies are needed to determine whether stem cell transplants could become standard treatment for people with the disease once called juvenile diabetes. It is less common than Type II diabetes, which is associated with obesity and age.

The hurdles of stem cell transplantation also raise questions about whether the study should have included children. One patient was 10 years old.

Dr. Lainie Ross, a medical ethicist at the University of Chicago, said the researchers should have studied adults first before exposing young teens to the potential harms of stem cell transplant, which include infertility and late-onset cancers.

In addition, Ross said the study should have had a comparison group to make sure the treatment was indeed better than standard diabetes care.

Burt, who wrote the study protocol, said the research provided a comparison group, but doctors were not interested in the approach. The study was approved by ethics committee in Brazil, he said, adding that he personally believes it was appropriate to do the research in children as well as adults, as long as the Brazilian ethics panels approved.

Burt and other experts called the results an important step forward.

VERY PROMISING TIME

"It's the threshold of a very promising time for the field," said Dr. Jay Sklery of the Diabetes Research Institute at the University of Miami.

Sklery wrote an editorial in the Journal of the American Medical Association, which published the study results. He is likely to stimulate research that may lead to methods of preventing or reversing Type I diabetes.

"These are exciting results. They look impressive," said Dr. Gordon Weir of Joslin Diabetes Center in Boston, Massachusetts.

Still, Weir cautioned that more studies are needed to make sure the treatment works and is safe. "It's really too early to suggest to people that this is a cure," he said.

The patients involved were ages 14 to 31 and had newly diagnosed Type I diabetes. An estimated 12 million to 24 million people worldwide—including 1 to 2 million in the United States—have this form of diabetes, which is typified by children and young adults. An autoimmune disease, it occurs when the body attacks insulin-producing cells in the pancreas.

Insulin is needed to regulate blood sugar levels, which when too high, can lead to heart disease, blindness, nerve problems and kidney damage.

Burt said the stem cell transplant is designed to stop the body’s immune attack on the pancreas.

A study published last year described a different kind of experimental transplant, using pancreas cells from donated cadavers, that enabled a few diabetics to give up insulin shots. But that requires lifelong use of anti-rejection medicine, which isn't needed by the Brazil patients since the stem cells were their own.

The 16 diabetics were treated at a bone marrow center at the University of Sao Paulo.

All had newly diagnosed diabetes, and their insulin-producing cells had not been destroyed.

That timing is key, Burt said. "If you wait too long," he said, "you've exceeded the body's ability to create new cells.

The procedure involves stimulating the body to produce new stem cells and harvesting them from the patient's blood. Next comes a powerful cocktail of high-dose chemotherapy, which virtually shuts down the patient's immune system and stops destruction of the few remaining insulin-producing cells in the body. This requires hospitalisation and potent drugs to fend off infection. The harvested stem cells, when injected back into the body, build a new healthier immune system that doesn't attack the insulin-producing cells.

Patients were hospitalized for about three weeks. Many had side effects including nausea, vomiting and hair loss. One developed pneumonia, the only severe complication.

Doctors changed the drug regimen after the treatment failed in the first patient, who was eventually given insulin to help with the treatment. Another patient also relapsed.

The remaining 13 "live a normal life without taking insulin," said study co-author Dr. Julio Voltarelli of Sao Paulo. "They all went back to their lives."

The patients enrolled in the study at different times so the length of time they've been insulin-free varies. Burt has had some success using the same procedure in 170 patients with other autoimmune diseases, including lupus and multiple sclerosis; one patient with an autoimmune form of blindness can now see, Burt said.

The body has tremendous potential to repair," he said.

The study was partly funded by the Brazilian Ministry of Health, Genzyme Corp. and a maker of blood screening and monitoring products.

EXHIBIT 2

(From the New York Sun, July 17, 2007)

IN THE STEM CELL DEBATE, COUNT INVESTORS OUT

(By Harold Furchtgotz-Roth)

The Senate this week will consider legislation to expand federal funding for scientific and medical research on embryonic stem cells. It promises to be an emotional debate, largely uninfluenced by the sober calculus of the investment community. Whatever the outcome, investment opportunities are not immediate.

Large parts of the academic and scientific community insist on the medical benefits of expanded federal funding for such research, a view shared by Majority Leader Frist and many Senate Democrats. But the commercial benefits are not there yet.

The debate over federal funding of embryonic stem cell research is an indication that profits are remote. In many, if not most, areas of technology—including electronics, chemistry, biotechnology—the frontiers of research and development are spearheaded by private business. Where profit is a powerful incentive, innovation needs little federal funding.

From pharmaceuticals to electronic monitoring equipment, much of medical research advances to the drumbeat of capitalism. Innovative ideas are rewarded. Tens of billions of private dollars in America and around the world finance new research because it offers visible roads to rewards.

Other areas of research have enormous merit and advance scientific knowledge, but promise little if any profit. Sponsors of such research request federal and other non-commercial funding because private investment would be profoundly risky, if not pointless.

Thus, in this week's Senate debate, the primary issue is not whether stem cell research is lawful, but which forms the federal government will fund. Some day, perhaps, profit incentives for stem cell research will make federal funding unnecessary, but we are far from that outcome.

To date, private investment in stem cell research has been relatively small and unrewarding. Several publicly traded but relatively small American companies, including Aastrom, Genon, StemCells, and ViaCell, conduct research and development on stem cells. Many privately held companies also pursue stem cell research, but venture capital backing for stem cell research is waning. There is more evidence of private research and development migrating abroad. American financial institutions raise enormous funds to invest in businesses engaged in medical research and development in America and abroad, but little if any of that money targets foreign investments in stem cell research companies.

Providing medical research areas such as Germany have far greater restrictions on stem cell research than America. A few, such as Britain, Japan, Korea, and China, have relatively few restrictions on stem cell research, but most research is conducted by the government.

The current policy does not appear to have led Brazil backward in the race in science of stem cell research. According to a recent study in “Nature Biotechnology,” American
EMBRYONIC STEM CELL-DERIVED NEURONALLY COMMITTED PRECURSOR CELLS WITH REDEDUCED TERATOMA FORMATION AFTER TRANSPLANTATION INTO THE LESIONED ADULT MOUSE BRAIN

[By Marcel Dihne, Christian Bernreuther, Christian Hagel, Kai O. Wesche, and Melitta Schachner]

ABSTRACT

The therapeutic potential of embryonic stem (ES) cells in neurodegenerative disorders has been widely recognized and methods are being developed to optimize culture conditions for enriching the cells of interest and to improve graft stability and safety after transplantation. Whereas teratoma formation rarely occurs in xenogeneic transplantation paradigms of ES cell-derived neural progeny, more than 70% of mice that receive in vivo transplanted neural precursor cells develop teratomas, thus posing a major safety problem for allogeneic and syngeneic transplantation protocols. Here we introduced a novel differentiation protocol based on the generation of substrate-adherent ES cell-derived neural aggregates (SENAs) that consist predominantly of neuronally committed precursor cells. Purified SENAs that were differentiated into immature but postmitotic neurons did not form tumors up to four months after syngeneic transplantation into the acutely degenerated striatum and showed robust survival. Stem Cells 2006:24: 1438-1449.

TRANSPLANTATION OF HUMAN EMBRYONIC STEM-CELL-DERIVED CELLS TO A RAT MODEL OF PARKINSON'S DISEASE: EFFECT OF IN VITRO DIFFERENTIATION ON GRAFT SURVIVAL AND TERATOMA FORMATION

[By Anke Brederlau, Ana Sofia Correia, Sergey V. Anisimov, Muna Elmi, Gesine Semkova, Klaus Addicks, and Ulrich Schreyer]

ABSTRACT

Human embryonic stem cell (hESCs) have been proposed as a source of dopamine (DA) neurons for transplantation in Parkinson's disease (PD). We have investigated the effect of in vitro differentiation on in vivo survival and differentiation of hESCs implanted into the ventral mesencephalon (VM) of lesioned rat model of PD. The hESCs were cocultured with PA6 cells for 16, 20, or 23 days, lending support to the feasibility of implanting differentiated mouse embryonic stem cells in the neonatal guinea pig brain in order to provide a source of α-mannosidase to the affected central nervous system. Cells implanted at a low dose (1.5 10^6 cells per hemisphere) at 1 week of age were found to survive in very low numbers in some immunosuppressed animals out to 8 weeks. Four weeks post-implantation, cells implanted in high numbers (10^7 cells per hemisphere) formed teratomas in the majority of treated animals. Implanted cells were found to migrate extensively within the brain and differentiate into mature cells of neural (and other) lineages, the safety and feasibility of different transplantation protocols. Here we present an in vitro differentiation protocol that precludes the use of this cell type for longer-term implantation studies. We conclude that the pluripotent cell type used in this study is unsuitable for achieving safe engraftment in the guinea pig brain.

Neurally Selected Embryonic Stem Cell Derivatives for Degenerative Disease: The Guinea Pig Model

[By Stefan Arnhold, Helmut Klein, Irina Semkova, Klaus Addicks, and Ulrich Schreyer]

Purpose. To determine whether transplantation of embryonic stem (ES) cells into the subretinal space of rhodopsin-knockout mice has a tumorigenic effect.

Methods. Mouse ES-cell-derived neural precursor cells carrying the sequence for the green fluorescent protein (GFP) gene were grafted subretinally into the eyes of rhodopsin-/- mice, whereas control animals underwent sham surgery. Eyes were retrieved after 2, 4, and 8 weeks after cell injection or sham surgery for histologic analysis.

Results. Gross morphologic, histologic, and immunohistochemical analysis of eyes at 2 and 4 weeks after engraftment exhibited no morphologic alterations, whereas neoplasia formation was detected in 50% of the eyes evaluated at 8 weeks after engraftment. Because the neoplasias expressed differentiation characteristics of the different germ layers, they were considered to be teratomas. The resultant tumor formation affected almost all layers of the eye, including the retina, the vitreous, and the choroid.

Conclusions. Although ES cells may provide treatment for degenerative disease in the future, their unlimited self-renewal and high differentiation potential poses the risk of tumor induction after engraftment. Thus, more care must be taken before using ES cell transplantation as a therapeutic option for patients with degenerative disease. Invest. Ophthalmol. Vis. Sci. 2004;45:1251-1255.

Survival and Engraftment of Mouse Embryonic Stem Cell-Derived Implants in the Guinea Pig Brain

[By A.J. Robinson, A.C. Meedeniya, K.M. Hemseley, D. Auclair, A.C. Crawley, and J.J. Hopwood]

ABSTRACT

α-Mannosidosis is a lysosomal storage disease resulting from a deficiency of the enzyme α-α-mannosidase. A major feature of α-mannosidosis is progressive neurological decline, for which there is no safe and effective treatment available. We have a guinea pig model of α-mannosidosis that models the human condition. This study investigates the possibility of implanting mouse embryonic stem cells in the neonatal guinea pig brain in order to provide a source of α-mannosidase to the affected central nervous system.
With respect to degenerative diseases of the mammalian visual system, the death of specific cell populations within the retina is associated with blinding diseases of the eye, such as retinitis pigmentosa. In vivo and in vitro, neural progenitor cells, such as neural stem cells, can be transplanted into the retina to replace lost cells or to act as support cells. However, cell survival and functionality are limited because irreversible cell loss is also discussed increasingly as a practical approach for treating blindness. Unfortunately, the application of cellular therapeutics is limited because of the scarcity of donors for suitable cell populations; such as neural stem or progenitor cells, that can be transplanted and their interaction with the host environment. The posttransplantation fate of the transplanted cells is crucial for therapeutic success. Various strategies have been employed to improve the survival and functionality of transplanted cells. Some of these strategies include the use of different selection methods, such as antigen expression, survival factors, or cell type, and the use of different delivery methods, such as injection, implantation, or electrostimulation. The use of differentiation protocols that can promote the differentiation of transplanted cells into the desired cell type is also important.

**ENGRAFTMENT AND TUMOR FORMATION AFTER ALLOGENIC IN UTERO TRANSPANTATION OF PRIMATE EMBRYONIC STEM CELLS**

By Takayuki Asano, Naohide Ayageyama, Koichi Oudenaerts, Hiroshi Kikta, Kyoji Sasai, Yasuji Ueda, Yutaka Suzuki, Yashashi Kondo, Byung Paras, Hisao Hasegawa, Shigeo Okole, Kiyonori Harada, Keiji Terao, Koziya Ozawa, and Yutaka Hanazono

Background. To achieve human embryonic stem (ES) cell-based transplantation therapies, allogeneic transplantation models of all known animal species have been used successfully. In the present study, we have employed cynomolgus ES cells genetically modified to express the GFP gene using a simian immunodeficiency viral vector or electroporation. These cells were transplanted in utero with ultrasonic guidance to various fetal organs, including the abdominal cavity, liver, or heart. One month after transplantation, GFP-labeled cells were found in the thoracic cavity at 3 months after transplantation. These results were confirmed using the Basso, Beattie, and Bresnahan (BBB) rating scale for 6 weeks. There was no incremental locomotor improvement in either transplant group compared to control over the survival period. Morbidity and mortality were significantly more prevalent in the transplant groups than in controls. At the conclusion of the 6-month survival period, two of the six cords from the bcl-2 line were found to have lost cells completely. These results suggest that the bcl-2 gene may be a potential source of pancreatic B cells for the treatment of type I diabetes.
INSULIN EXPRESSING CELLS FROM DIFFERENTIATED EMBRYOTIC STEM CELLS ARE NOT BETA CELLS

ABSTRACT

Aim/hypothesis. Embryonic stem (ES) cells have been proposed as a potential source of tissue for transplantation for the treatment of Type I diabetes. However, studies showing differentiation of ES cells into insulin-expressing cells are controversial. The aim of this study was to characterize the insulin-expressing cells differentiated in vitro from ES cells and to assess their suitability for the treatment of diabetes.

Methods. ES cell-derived insulin-expressing cells were characterized by means of immunohistochemistry, RT-PCR and functional analyses. Activation of the Insulin I promoter during ES-cell differentiation was assessed in ES-cell lines transfected with a reporter gene. ES cell-derived cultures were transplanted into STZ-treated SCID-beige mice and blood glucose concentrations of diabetic mice were monitored for 3 weeks.

Results. Insulin-positive cells differentiated from ES cells were devoid of typical beta-cell granules, rarely showed immunoreactivity for C-peptide and were mostly apoptotic. The main producers of insulin/insulin in these cultures were neurons and neuronal precursors and a reporter gene under the control of the insulin I promoter was activated in cells with a neuronal phenotype. Insulin was released into the incubation medium but the secretion was not glucose-dependent. When the cultures were transplanted in diabetic mice their diabetes ameliorated and did not reverse the hyperglycaemic state.

Conclusions/Interpretation. Our studies show that insulin-positive cells in vitro differentiated from ES cells are not beta cells and suggest that alternative protocols, based on enrichment of ES cell-derived cultures with cells of the endodermal lineage, should be developed to generate true beta cells for the treatment of diabetes.

Mr. HARKIN. Mr. President, how much time do we have on our side?

The PRESIDING OFFICER. Fifty-five and a half minutes.

Mr. HARKIN. Mr. President, I will take about 10 minutes or so, I suppose—maybe 15 at the most. Then I will yield back the remainder of my time for anyone who is interested in what is happening on the floor. I think Senator ISAKSON will follow up and close off the debate for the remainder of today.

But I want to respond to a couple of things that have been said that I was listening to both on the floor and off the floor so people understand that sometimes things are not as clear cut as perhaps they are presented. There are always two sides to every story, as we know.

But I heard my good friend from Kansas talking about the type 1 diabetes research in Brazil. Indeed, the JAMA, the Journal of the American Medical Association, reported today they had some success with this. I just want to read, though, from the Juvenile Diabetes Research Foundation that obviously has been following the progress. They said that today's report underscores the need for continued work across a range of important scientific areas. They said:

For that reason, we continue to strongly support passage of S. 5, the Stem Cell Research Enhancement Act, which will allow scientists to more fully explore this critical area of research.

I will not go into all of the things they are saying about the procedure. It is a risky procedure that happened in Brazil. They do not know at this point whether the people are really cured. Will their symptoms—diabetes symptoms—come back after a few months? No one really knows. But it is promising and importantly, to the research pans out. But I want to point out, the Juvenile Diabetes Research Foundation says that is fine, but still, let's get S. 5 passed so we can continue on with this needed research in embryonic stem cells.

I also want to talk for a little bit about two or three issues. One is just the broader issue of why embryonic stem cell research has not yet led to human treatments. Well, scientists have been doing research on adult stem cells for over 30 years. There are no—repeat, no—arbitrary restrictions on research with adult stem cells. Scientists and private companies do not have to be skittish about doing this research. They do not have to worry about that all of a sudden the Federal Government is going to ban it or limit it.

Now, compare that situation with embryonic stem cells. First of all, scientists did not even know how to extract them until November of 1998. The first Federal grant for these stem cells was not awarded until 2002, and again on a limited number of lines that are available. Even now only a tiny fraction of an embryonic stem cell research budget for stem cell research is used for embryonic stem cells. The vast majority still goes for adult stem cells.

Here is a chart I have in the Chamber reported today they had some success with this. I just want to read, though, from the Juvenile Diabetes Research Foundation that obviously has been following the progress. They said that today's report underscores the need for continued work across a range of important scientific areas. They said:

For that reason, we continue to strongly support passage of S. 5, the Stem Cell Research Enhancement Act, which will allow scientists to more fully explore this critical area of research.

I want to read from the bill, S. 30. This is the definition of naturally dead: five times as much funding for adult stem cell research as for embryonic stem cells. So, again, scientists are studying embryonic stem cells with one arm tied behind their back.

The fact is, it does not matter what many of the Senators think about the potential of embryonic stem cell research. What matters is what scientists think. What is their view, those who know this area, who are studying it, who are using it, who are doing the research in the NIH? Let's look at what the head of NIH—this is a man appointed by President Bush. He heads, as Senator SPECTER has often said, the crown jewel of the Federal Government; that is, the National Institute of Health. Here is what he said:

The presentations about adult stem cells having as much or more potential than embryonic stem cells, in my view, do not hold scientific water. I think they are overstated. . . . My point of view is that all angles in stem cell research should be pursued. That was Dr. Elias Zerhouni, the head of NIH.

Breakthroughs are coming, but they take time. To clamp down on embryonic stem cell research before it even has a chance shows a total lack of understanding about how science works. It is important to note that millions of Americans who suffer from Parkinson's, ALS, juvenile diabetes, spinal cord injuries, and other treatable diseases and conditions.

Secondly, I want to respond to an issue that is presented in the Isakson-Coleman bill, S. 30—this whole idea of the promise of extracting embryonic stem cells from dead embryos. I must say—and I say to my good friend from Georgia—this still kind of mystifies me. As I said earlier, when something is dead, it is dead. I do not know anybody who can extract and bring back to life something that is dead. So we have to get over the idea we are talking about dead embryos. They are dead; they are alive. They are living. They are living organisms. They are not dead. So again, an embryo dies or gets sick or ill for a reason. There is something wrong with it. Chances are those stem cells that come from that “dead embryo” aren’t so great either. So why does anyone think a dead embryo holds the secret to, say, curing juvenile diabetes?

Here is what three top scientists wrote about dead embryos:

There is no proof that dead embryos will work. Beyond the fact that scientists haven’t developed a reliable method for determining an embryo’s “death,” there is no scientific evidence that stem cells derived from these embryos would have the required properties or be safe for human therapies.

Paul Berg of Stanford, George Daley of Harvard, and Lawrence S. Goldstein of the University of California at San Diego, these three people have been involved in embryonic stem cell extraction research. They say there is no evidence this will have the required properties or be safe for human therapies.

I want to read from the bill, S. 30. This is the definition of naturally dead:
The term “naturally dead” means having naturally and irreversibly lost the capacity for integrated cellular division, growth, and differentiation that is characteristic of an organism, even if some cells of the former organism may be alive in a disorganized state.

Well, I have a hard time understanding that, but then this is not a science subject. I submit there is no scientific test to determine when an embryo reaches this state where they can say it won’t differentiate or grow. It is an eyeball test. I have been told when people get in vitro fertilization and have embryos, the embryologist, if I can use that term, will look at them and some exhibit better signs than others. Some look healthier than others, have more activity than others. These are the ones they will implant. The other ones that look healthy, they freeze. If there are some that don’t look very healthy, they are discarded.

I assume these are the ones we are talking about that are not implantable or can’t be used. Is that right?

Mr. ISAKSON. Mr. President, if the Senator will yield, I am very grateful for the opportunity. The Senator from Iowa is exactly right, because he is describing in layman’s terms what is known as the Gardner principles of in vitro fertilization. After an in vitro fertilization, at the end of 72 hours, clearly transplantable or implantable embryos are formed. Within the next 4 days, up to 7 days, additional viable embryos can actually be developed. At the end of the seventh day, the cellular division process stops. That is called Level III Gardner principles.

To try and use layman’s terms to answer the question, because the Senator from Iowa is a great Iowan and I am a Georgian, but I am not a scientist and I am not either, and we are down here talking about some pretty complicated stuff, the best analogy to make in terms of a naturally dead embryo is the saying if you have a death when someone donates their organs after a traumatic brain injury that causes an irreversible cessation of brain waves. By definition in all 50 States, the individual is clinically dead and a living will or a durable power of attorney can direct what is done with the rest of their life in terms of transplanting organs or whatever. The same thing is true in the Gardner principles. After that seventh day, the cellular division process stops. That is Level III Gardner principles.

The embryo is not handicapped. It is not transplantable and it can’t become a fetus, but you can derive stem cells. I won’t take any more of the Senator’s time except to say one other thing. There are 21 lines grandfathered in the August 2001 order of the President that still have NIH money being invested. Five of those 21 lines are lines which were derived from naturally dead embryos. For 5½ years, the NIH has invested money in those lines that were derived from naturally dead embryos and destroyed and invested money in those that were derived from embryos that were naturally dead.

I don’t have the paper in front of me so I can’t read it verbatim, but to go back to my opening remarks today, in each case they have found, in comparing those studies, of those lines over the last 5½ years, since August of 2001, that they are pluripotent, undifferentiated cells, which are designated as BG01, 02, and 03, which are three of the five lines derived that way. So we have the NIH for 5 years investing in it. We have a clear scientific definition of what an embryo is, which is not a sick embryo, but it is defined by Gardner Level III principles of in vitro fertilization. What it does do is it allows you to address the ability to expand stem research without crossing the line or destroying a viable embryo.

I yield back.

Mr. HARKIN. No, no. I would ask my friend as we engage in this—and I have obviously been talking to scientists and others about this—we get into another point, and I will read something else to you. Mr. President, the human embryo is not sick. The embryo is not sick. It is an eyeball test. I have been told there is no scientific dividing line on that. It is sort of an eyeball test. I think you have got scientists who say no, another scientist may say yes. Your bill, with all due respect, does not give any clear delineation.

Mr. ISAKSON. Again, if the Senator will yield.

Mr. HARKIN. Yes.

Mr. ISAKSON. In the Gardner principles, all the doctors who perform the great science of in vitro fertilization, which has touched my family and many others—it is great research. It has allowed families to have children who couldn’t. After the fertilization you have 3 stages: 72 hours where you have clearly implantable embryos, at 7 days where you still can develop those embryos, and then the remainder of the embryos do not have under the microscope the cellular collection and cluster of the 8 critical cells to make up an implantable embryo that becomes a fetus. That is made through a scientist, not a politician, looking into a microscope and making those decisions. Again, making the analogy to the irreversible cessation of brain waves, how do we scientifically today, when someone has a traumatic brain injury, determine if they are legally dead? It is done by measuring brain waves, the same way an in vitro fertilization doctor would measure the cellular division and collection in the remaining embryos after the seventh day.

Mr. HARKIN. Mr. President, I ask my friend for further clarification. Is it not true that some of these after 7 days could be implantable?

Mr. ISAKSON. The only thing I can tell the Senator is the only doctor in the house, Senator COBURN, when asked a question that was there when we had the hearing—and I was at the hearing and so were you—said: Any doctor who did that would be out of his mind because they would know the implantation could not result in a viable fetus and ultimately a child. That is my only—I am not a scientist, but that is the quote.

Mr. HARKIN. Let me read, though, from a letter from George Daley, who is one of the foremost researchers on embryonic stem cell research at the Dana Farber Cancer Institute at the Harvard Medical School. Mr. Daley has testified, and I think he testified that day we were there. I wrote him a letter and asked him about his views on using embryonic stem cells that have been called “naturally dead.” He said:

Though some Senators might be persuaded to vote for expanded funding for human embryonic stem cells derived from “naturally dead” stem cells, this would be a step backwards for embryonic stem cell research. The definition of a “naturally dead” embryo as required in the alternative bill is highly problematic. S. 5 remains the greatest hope for advancing embryonic stem cell research in this country. The concept that human embryonic stem cells might be derived from a “naturally dead” embryo originated in an article authored by Landry and Zucker in the Journal of Clinical Investigation 2004. The article contained the following passage: “For a developed human organism, brain death marks the irreversible loss of the capacity for all ongoing and integrated functional activity.”

As we just mentioned.

We propose—

Get this:

We propose that the defining capacity of a 4 or 8 cell human embryo is continued and integrated cellular division, growth, and differentiation. We further defined an embryo that has irreversibly lost its capacity, even as its individual cells are alive, is properly considered organically dead. Even at its earliest stages, the life of the developing organism is more than the sum of the lives of its constituent cells.

So again, they propose this. It is not an accepted scientific principle. The cessation of brain waves is, on the living organism, an accepted scientific fact, but this is only a proposal.

Mr. ISAKSON. Will the Senator yield?

Mr. HARKIN. Yes.

Mr. ISAKSON. Mr. President, I quoted from that very study today. Those are two distinguished scientists at Columbia University in New York. That paper proposes a principle in terms of future development and decisions. However, I want to repeat for the Senator, in 2001, it is the President signed his directive, 5 of the 21 lines that are currently invested in by NIH are those that were developed from naturally dead embryos.

Dr. Steven Stice, the eminent scholar of the Georgia Research Alliance and at the Institute at the University of Georgia operates those three lines today under NIH supervision. They were all derived from naturally dead embryos, and the research they are quite famous for already in terms of advancing diabetes is taking place on those lines.

So I agree 100 percent with everything the Senator read. I read that...
paper and I have quoted from that paper. It was just put in front of me and I don’t have my glasses on, so I will not get into the big words either. But you are absolutely correct. That was a proposal made on the premise of for the future, but that does not mean the future already exists.

Lastly, the Gardner principles are an accepted principle for in vitro fertilization which have been in existence for decades that clearly delineate the decision between 72 hours, 7 days, and naturally dead. I yield back to the Senator.

Mr. HARKIN. Mr. President, this is a good discussion. I ask unanimous consent that this letter from Dr. George Daley be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

CHILDREN’S HOSPITAL BOSTON,
DEPARTMENT OF MEDICINE,

DEAR SENATOR HARKIN: I am responding to your request to provide my views on the feasibility of deriving human embryonic stem cells from embryos that have been called “naturally dead.” This concept is articulated in the preamble to the U.S. bill that states: “It is the purpose of this act . . . to promote the derivation of pluripotent stem cell lines without the creation of embryos for research purposes and without the destruction or discarding of, or risk of injury to, a human embryo or embryos other than those that are naturally dead.” It is “naturally dead” later defined as “having naturally and irreversibly lost the capacity for integrated cellular division, growth, and differentiation that is characteristic of an organism, even if some of the cells of the former organism may be alive in a disorganized state.”

Some senators might be persuaded to vote for expanded funding for human embryonic stem cells derived from a “naturally dead” embryo at the expense of voting for expanded research support under S. 5. This would be a disservice for embryonic stem cell research. The definition of a “naturally dead” embryo, as required in the alternative bill, is highly problematic, and S. 5 remains the great hope for advancing human embryonic stem cell research in this country.

The concept that human embryonic stem cells might be derived from a “naturally dead” embryo originated in an article by Landry and Zucker (Journal of Clinical Investigation, 2004). The article contained the following passage: “For a developed human organism, brain death marks the irreversible loss of the capacity for all ongoing and integrated organ function. We propose that defining the capacity of a 4- or 8-cell human embryo is continued and integrated cellular division, growth, and differentiation. We further propose that an embryo that has irreversibly lost this capacity, even as its individual cells are alive, is properly considered organically dead. Even at its earliest stages, the life of the developing organism is more than the sum of the lives of its constituent cells.”

IVF clinics grade embryos based on morphologic quality and have been shown in limited studies to correlate with successful births (see Gardner et al., Fertil Sterility 2000). Embryos of highest morphologic quality and the uterus of fragile or possible future use, and embryos of poor morphologic quality are discarded because they have little possibility of surviving freezing and thawing. Some have argued that these poor quality embryos might be considered “dead,” and therefore provide a more acceptable source.

In actual clinical practice, even poor quality embryos that might be considered “naturally dead” by in vitro criteria can give rise to healthy newborns and infants. For example, Landry and Zucker propose studies that would correlate failure of an embryo to divide in vitro with certain biomarkers that could serve as surrogate criteria for death. However, any such definition of embryo death that depends on in vitro criteria only is scientifically problematic, as embryo incubation in vitro is not as conducive to development as the native in uterine environment. I also cannot envision an ethically acceptable clinical study that would correlate the pregnancy outcomes of enough poor quality embryos to ensure the reliability of criteria for “embryo death.”

Using poor quality embryos for ES cell derivation will inevitably mean destroying some embryos that might have resulted in a successful pregnancy. I am skeptical that we can devise any highly reliable criteria to define embryo death that will appraise the critics of ES cell derivation.

My laboratory has accumulated significant experience with pluripotent human embryonic stem cells from poor quality embryos—those that are deemed by clinical embryologists to be unsuitable for clinical application and deemed as medical waste. We are preparing our data for publication in the scientific literature and thus I offer the following summary for informational purposes only. I will provide you with the final version of our paper once it has been subject to peer-review.

Our experience shows that the poorest quality embryos have the lowest probability of yielding ES cells. Out of approximately 100 embryos that would most likely be considered “naturally dead,” we isolated only a single human ES line. Although the chromosomes in this cell line appear normal, I worry that this line might harbor occult genetic defects. Out of approximately 100 embryos that developed slightly better in vitro (yet were still deemed clinically unacceptable and discarded) we derived 5 ES lines. This efficiency is within the expected success rate for deriving pluripotent embryonic cells from healthy embryos; however, I suspect that these lines may have arisen from those embryos that are not truly “naturally dead.”

I am left to wonder why we would choose to allow only poor quality embryos for medical research when many thousands of normal embryos are otherwise destined to be discarded. As I believe, we should respect the preference of many couples to donate such excess embryos to medical science, and believe that such embryos are preferable as objects for medical research and possible sources for cell replacement therapies. Human embryonic stem cell research is vitally important for the future of medicine and should be generously supported by our federal government. Senate passage of S. 5 is the surest means of achieving this end.

I am available to answer more detailed questions about this complex issue.

Sincerely,

GEORGE Q. DALEY, MD, PhD, Associate Professor, Biological Chemistry and Molecular Pharmacology.

Mr. HARKIN. Mr. President, he pointed out in this letter that some-
times in actual clinical practice even poor quality embryos that might be considered naturally dead can, by in vitro fertilization, give rise to successful pregnancies. He says he also “cannot envision an ethically acceptable clinical study that would correlate the pregnancy outcomes of enough poor quality embryos to ensure the reliability of criteria for ‘embryo death.’”

He is saying that the quality for in vitro may be different for in utero. Therefore, it might be a poor quality in vitro, but that does not necessarily mean it would be poor quality for implantation in utero. He raises this ethical question.

He says:

I am skeptical that we can devise any highly reliable criteria to define embryo death that will appraise the critics of embryonic stem cell derivation.

What you are talking about is the Gardner principle, which has to do with embryos that are what is what that really has to do with. So therefore, sure, you are going to take the healthiest, most vibrant embryo that you are going to implant, first of all, with the hope that it will develop. I still say to my friend that while you can go after the ones that don’t develop after a week or so and say we will take the stem cells from them—and some happen that way. That is fine. But it just sort of begs the question, if you really want to derive the best stem cell lines, why wouldn’t you take the healthiest embryos rather than the sickest embryos? I am not a scientist, but to me it seems that if you want the best, most vibrant and healthy stem cells, you go after the most vibrant and healthy embryos that have been frozen in vitro fertilization, as our bill says, that otherwise will be discarded. That is my point.

I will soon yield. But I am not opposed to the Senator’s bill. I am not opposed to the Gardner principle, which has to do with cell derivation. I don’t have a problem. I think there are problems defining exactly when it dies and that kind of stuff. But if you pass S. 5, that takes care of all that, and it covers that whole issue. It would seem to me, again, that you would want to go after the healthiest and use the healthiest ones.

Mr. ISAKSON. The Senator is a distinguished member of the Senate and a great debater. I want to make one point. Both the Senator’s bill and the bill we have introduced and the added ethical criteria you placed in this year’s bill prohibit the fertilization of eggs for the purpose of research.

Mr. HARKIN. That is true.

Mr. ISAKSON. If that is the case, when the Senator made the statement that I was only talking about those used in in vitro, which is different from in utero, which I guess meant implantation, both bills do exactly the same thing. You would want to go after the utilization farms for research purposes under your legislation, nor under S. 30.

Mr. HARKIN. That is true.
Mr. ISAKSON. Those embryos developed in in vitro fertilization would in all cases be eggs fertilized for the purpose of creating a viable embryo.

Mr. HARKIN. Right.

Mr. ISAKSON. The difference, with all due respect, is that I have great respect for the Senator and the character and the quantity and the content of this debate—if you ultimately want to further embryonic stem cell research in the environment that we have, the Gardner principle dividing the research, in vitro fertilization for level 3 for the natural death of the embryo, that bridges the ethical question on the destruction of an embryo that was otherwise viable and would be something the White House would sign. So it would further embryonic stem cell research under a proven method which exists today, and NIH, in five different cases, is invested in in terms of BG01, 02 and 03, which happen to be the lines with which I am familiar. With all due respect, since we both—since fertilization of eggs for the purpose of deriving cells for scientific research, it is a matter of how you draw that line.

I appreciate the Senator giving me the time to answer that explanation.

Mr. HARKIN. Again, it is a good debate. We should have more of these kinds of exchanges on the Senate floor. I respect my friend, and I respect his approach. Again, we have our differences, but the way we approach things I picked up on, get my friend just said—the “environment” in which we are operating. I assume he means the environment being the Presidential declaration of August 9, 2001, that only Federal funding could be used for stem cells derived prior to 9 p.m. but none after that. I assume that is the environment we are talking about.

Mr. ISAKSON. If the Senator will let me respond, that is precisely what I am talking about. I have had occasions since the Presidential directive, and since we— fortunate, and unfortunately to me certainly, and probably the Senator from Iowa, none of us knew you would have these five lines in those original lines that were grandfathered. So we have had 5½ years of experience at NIH, with lines derived without destroying physically a viable embryo, but it would, rather, be a natural death. So since you have that, and since, doesn’t cross that ethical way that is what I was referring to. And you would have the opportunity to further the science in a bill that can be passed and not vetoed. So, with all due respect, that is what I was referring to.

Mr. HARKIN. That is what I thought. My proposal is to change the environment. That is what we have to do. I say we have to change the environment. The American people want it changed, the scientific community wants it changed, the head of NIH—former head of NIH, Dr. Collins, different groups out there want it changed. Why should one person—the President of the United States—have the say-so of what is moral and what is not moral, depending upon a time?

Mr. ISAKSON. May I respond?

Mr. HARKIN. Sure, but why is 9 p.m. of August 9 the moral dividing line that Federal funds can be used on stem cell research after 9 p.m., but after that it is immoral. I cannot understand that.

Mr. ISAKSON. I will never, hopefully, debate or question any individual’s judgment and morality. I admire the President's judgment and morality on all of the American people. I respect his principles and morals, I am looking to find those that fit rather than ways to argue. That is my point.

Mr. HARKIN. I appreciate that. We have to do what we can sometimes with a President who crosses Federal funds to destroy embryos. I wish they would read the bill. S. 5 doesn’t provide money for the destruction of embryos. We don’t do that now. We have not done it in the past. So, therefore, this bill should be able to be signed because it doesn’t provide one single cent of taxpayer dollars for the destruction of embryos. Of course, neither does the bill of the Senator from Georgia; of course not. So that is why I am a hopeful person, thinking that the President or his people will read this and say: You are right. We have stricter ethical guidelines in this bill than exist right now.

So I am hopeful. I am hopeful that we can get this job done.

Anyway, I just wanted to make one other point tonight before I yield the floor.

Mr. ISAKSON. Before the Senator does that, I appreciate the Senator asking the questions and allowing me the opportunity to talk and, hopefully, in some way clear up, if not totally at least say where we are coming from based on the scientists I have talked to. I respect him very much.

Mr. HARKIN. I wish we could do more of this on the Senate floor. By having respect for one another’s opinions and thought processes and sources of information, I think we can get a clearer understanding of where people are coming from. Lots of times we give our speech and leave and nobody is around discussing anything.

Some of the best times I have had on the Senate floor were debating Phil Gramm of Texas. We used to get into some good debates. He was always willing to give and take and talk back and forth in a congenial manner. We need more of that on the floor of the Senate. That is just my opinion.

Mr. President, I want to say one other thing that came up. Again, it has to do with understanding these kinds of moral lines, so to speak. It is true that we all started out as an embryo. I would argue that every embr---that an embryo is. It is a blastocyst that has between 100 and 200 cells. The embryos we are talking about in S. 5 are sitting in in
vitro fertilization clinics and are frozen in liquid nitrogen. They are smaller than a period at the end of a sentence, and they are stored in tiny straws like this.

What I am holding up here is one of the straws. As I have said before, if you put in that little tube an embryo, then they would put it in this enclosure and put it in liquid nitrogen in a tank and freeze it. Then if the couple who donated the embryos were unsuccessful in having children—I have a couple friends of mine who are now doing that, and their first pregnancy wasn’t successful. They were going back for a second. They get one of these frozen embryos, thaw it out, and it is implanted in utero. So that is what these tiny little straws are.

An embryo will never become a human being unless and until it is implanted into a uterus, takes hold, and develops. Sometimes they are implanted and they don’t take hold; they are discarded.

So an embryo is what I think we can rightfully call potential life—potential in that if it is implanted and takes hold, it could become a human being. Therefore, it is potential.

Let’s look at the other chart. This is Karli Borcherding of Ankeny, IA. She is 12 years old and has type 1 diabetes. These are all the needles she uses in 1 month, 120. Think: How would you like to give yourself four shots every day? Look at all those needles she goes through every month at 12 years of age. Karli has juvenile diabetes, as I said. She knows what will happen if she is not cured. At some point in her life, she will probably lose a foot, one leg, or one or more of her limbs. At some point in her life, diabetes will take her.

This is not potential life. This is real life—a human being living right now.

That embryo stored in liquid nitrogen, is it alive? Of course. It is not dead, it is alive. Is it a human being? No. It is a potential human being. Karl Borcherding is a real human being.

So read S. 5. Under the ethical guidelines, NIH can fund research only on those embryos which are left over from in vitro fertilization and which would otherwise be discarded. Every day, fertility clinics discard unwanted embryos. Last year, 50,000 babies were born to couples who wanted to have a baby, couldn’t, and wanted in vitro fertilization. Out of those 50,000, a lot of embryos are left over. When a couple has had one child, two, three—however many they decide—and they have leftover embryos, what happens to them? The clinic calls them up and says: If you want to keep them, you have to pay us every month. Parents may say: We don’t want them anymore, we have had all our children. And if you are not willing to pay to keep them frozen for the next 200, 300, 400, 500, 1,000 years or however long, they are discarded. It happens every day of every week of every year.

What we are saying and the real question is, as long as we have leftover embryos, is it better to have them discarded and flushed down the drain or used for the kind of scientific research that would one day cure Karl Borcherding?

What are we talking about is potential life, potential life frozen in nitrogen, or we are talking about real life. That is really the difference—potential life that would otherwise be flushed down the drain versus Karl Borcherding and her real life. That is why I think Senator HATCH had it correct. He said the real pro-life position is S. 5. That is the real pro-life position.

As I have said before, once an embryo is discarded in an in vitro fertilization clinic, it is discarded. It is dead. But if that embryo was taken and the stem cells are taken out and those stem cells are propagated, they are alive. They don’t die; they are alive. They continue to be grown into nerve tissue, bone tissue, heart muscle tissue that some day—or they could be developed into the kinds of cells that would help Karl Borcherding become insulin free. That is what this debate is about:

It seems to me, if this is a moral problem for the President or anybody else, we ought to have legislation that would shut down every IVF clinic in this country. Shut them down and ban the procedure in the United States because there are leftover embryos. If it is immoral to take those embryos, even with the written, informed consent of the donors, with no money changing hands, and if they are going to be discarded anyway, if that is immoral, wouldn’t it be immoral to just discard them? But you have to do one or the other.

Senator BROWNBACK talked about adoption. I am all for that. That is fine. If couples want to adopt babies from in vitro fertilization clinics, that is fine. But as I said, we have 400,000 frozen embryos right now; 50,000 babies born every year from IVF. I think we have had, what, 135 adoptions. That is one adoption every 1,000 births. And there may be a lot of donors who have donated embryos. They have had their children, but they really don’t want to have other people having their children. That raises other kinds of ethical questions. They might want to say: We would rather donate that for stem cell research to save Karl Borcherding’s life.

We have to come to grips with this issue. Is it OK to have IVF clinics, is it OK to have in vitro fertilization? If that is the case, then we have to take it step by step and confront reality. The reality is in vitro fertilization is legal, it is acceptable. It provides couples with children they otherwise could not have, and the reality is that there are leftover embryos. We have to confront that reality. What do you do with them? They are not all going to be adopted. We have to agree that is an impossibility. Nor are they going to be discarded or with the consent of the donors be used for embryonic stem cell research? That is really the question.

I think there is really only one answer, and that is what all the scientists—I say all, the vast majority of bioethicists, Nobel laureates, the head of NIH, the former head of NIH, 525 advocacy groups representing all diseases and injuries in the United States that you can imagine, why they all say that S. 5 is the bill we have to pass, that we have to enact into law to take the handcuffs off our scientists. That is why it is so important we have a good solid vote for this bill tomorrow.

With that, I thank my colleague from Georgia for his patience and his kind

I yield back whatever time we have remaining on our side for today’s purpose.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. ISAKSON. Mr. President, I wish to respond to the distinguished Senator from Iowa. I have also enjoyed today and appreciate the questions, and hopefully we can do it throughout the rest of the debate so when people cast their vote, they are informed.

By way of interest, when we talked about the embryonic stem cell lines derived from naturally dead embryos, I thought it would be appropriate to end my remarks today by just acknowledging that lines B601 and 02, which are under NIH funding now, which were grandfathered in the President’s directive, and which were derived from naturally dead embryos, were the lines upon which the research was applied that was developed as a first product to be marketed from embryonic stem cell research, pending patent, to deliver neural progenitor cells which will be the cells that deliver pharmaceutical and other therapy for spinal column and brain injuries.

So it is very important to understand that not only is the process, A, an accepted process, B, currently under funding at NIH, C, covered under the President’s directive of 2001, but in that 5½ years since, research on two of those lines derived from naturally dead embryos is, in fact, producing a remarkable potential product for better health in all of America.

With that said, I, too, yield back all of our time and again thank the Senator from Iowa for his patience and his kind

Mr. HARKIN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. HARKIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.
The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. HARKIN. Mr. President, I ask unanimous consent that when the Senate resumes consideration of the stem cell bills on Wednesday following the opening of the Senate, there be 4½ hours of debate, with the time controlled 1½ hours each: major-ity and Republican leaders or their designees, Senators HARKIN and BROWN; with the time until 12:30 divided as follows: 90 minutes under the control of Senator HARKIN or his designee; and 45 minutes each for Senators COLEMAN, ISAASKON, and BROWNACK; that at 12:30 p.m., the Senate stand in recess until 2:15 p.m. for the weekly party conference work periods; that at 2:15 p.m., the time until 5:15 p.m. be allocated in the same manner, with the final 30 minutes equally divided and controlled between the two leaders or their designees, with the majority leader controlling the final 15 minutes; that at 5:15 p.m., without further intervening action or debate, the Senate proceed to vote on passage of S. 5, to be followed by a vote on the passage of S. 30; that there be 2 minutes of debate prior to the second vote with the time equally divided and controlled between the two leaders or their designees; that the other provisions of the order governing the consideration of these bills remain in effect.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. HARKIN. Mr. President, I ask unanimous consent that there now be a period for the transaction of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

INTELLIGENCE AUTHORIZATION ACT FOR FISCAL YEAR 2007—MO- TION TO FOREGO

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of Calendar No. 20, S. 372, the intelligence authorization bill on Thursday, April 12, following morning business.

The PRESIDING OFFICER. Is there objection?

Mr. ISAASKON. I object.

The PRESIDING OFFICER. Objection is heard.

CLOTURE MOTION

Mr. REID. Mr. President, in view of the objection, I now move to proceed to Calendar No. 20, S. 372, and I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the motion to proceed to Calendar No. 20, S. 372, Intelligence Authorization.

Harry Reid, Sherrod Brown, Claire McCaskill, Jack Reed, Jon Tester, Patty Murray, Jeff Bingaman, Amy Klobuchar, Blanche L. Lincoln, Evan Bayh, Pat Roberts, Max Baucus, Pat Leahy, Chuck Schumer, Byron L. Dorgan, Ken Salazar, Dick Durbin.

Mr. REID. Mr. President, I ask unanimous consent that the mandatory quorum required under rule XXII be waived.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REID. I now withdraw the motion to proceed.

The PRESIDING OFFICER. The motion is withdrawn.

UNITED STATES TAX CODE

Mr. SPECTER. Mr. President, in the remaining time that I have allocated, I wish to talk about another subject, and that is the United States Tax Code. I believe that as I speak there are thousands of Americans, perhaps hundreds of thousands of Americans, now calculating their income tax for the year 2006.

Today is April the 10th. Tax returns have to be filed during the course of the next week to comply with the Federal tax laws, and this is a matter which vexes the minds of millions of Americans, perhaps even some watching the Senate on C-SPAN are in the process of compiling their tax returns. I will use this occasion to again introduce legislation for the flat tax.

The flat tax is a new structure of taxation of income in the United States under a model proposed by Professor Hall and Rabushka, from Stanford University, which would enable taxpayers to file their simple postcard, which I hold in my hand, where the tax return can be filled out in the course of 15 minutes. It has some 10 lines to fill out: Wages, personal allowance, number of dependents, mortgage interest deductions, charitable contributions, total for deductions, total taxable compensation, tax of 20 percent, tax withheld by employer, and the tax or refund due.

We have a system in the United States today where the statistics are astounding. There are some 562 tax forms to be filled out by Americans who file their tax returns. There are some 6.4 billion hours and $265 billion each year spent in complying with the tax laws. The IRS Code and regulations fill more than 17,000 pages and have grown from some 744,000 words in 1955 to over 7 million words 50 years later in the year 2005.

Albert Einstein, genius that he was, is quoted as saying:

"The hardest thing in the world to understand is the income tax.

For a man who developed the theory of relativity, that is quite an indictment of the American tax system."
businesses, spend more than 6.4 billion hours and $265 billion each year complying with tax laws. That works out to more than $2,500 per U.S. household. Much of this time is spent following IRS laws and regulations which fill over 17,000 pages and have grown from 744,000 words in 1955 to 7.1 million words. In contrast, the Gettysburg Address has 267 words, the Declaration of Independence has about 1,300 words, and the Bible has 773,000 words.

The majority of taxpayers face filing tax forms that are far too complicated and take far too long to complete. According to the estimated time listed on the accompanying schedules, such as Schedule A, for itemized deductions, which carries an estimated preparation time of 6 hours, 37 minutes, or Schedule D, for reporting capital gains and losses, which shows an estimated preparation time of 6 hours, 10 minutes. Moreover, this complexity is getting worse each year. Just from 2000 to 2004 the estimated time to prepare Form 1040 jumped 34 minutes.

It is no wonder that well over half of all taxpayers, 61 percent according to a recent survey, now hire an outside professional to prepare their tax returns for them. However, the fact that 25 percent of individual taxpayers itemize their deductions shows that a significant percentage of our taxpayers believe that the tax system is too complex for them to deal with. We all understand that paying taxes will never be something we enjoy, but neither should it be cruel and unusual. Further, the pace of change to the Internal Revenue Code is brisk—Congress made over 9,500 tax code changes in the past fifteen years. And we are far from done. Year after year I continue to ask the same question—isn’t there a better way?

My flat tax legislation would make filing a tax return a manageable chore, not a seemingly endless nightmare, for most taxpayers. My flat tax legislation will fundamentally revise the present tax code, with its myriad rates, brackets, deductions, and instructions. This legislation would institute a simple, flat 20 percent tax rate for all individuals and businesses, which is estimated to take 13 hours and 15 minutes to complete. Moreover this does not include the estimated time to complete the accompanying schedules, such as Schedule A, for itemized deductions, which carries an estimated preparation time of 6 hours, 10 minutes. Furthermore, this complexity is getting worse each year. Just from 2000 to 2004 the estimated time to prepare Form 1040 jumped 34 minutes.

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that the revenue neutrality of the Hall-Rabushka proposal, which uses a 19 percent rate, is based on a well-documented model founded on reliable governmental statistics. My legislation raises that rate from 19 percent to 20 percent to accommodate retaining limited home mortgage interest and charitable deductions.

This proposal taxes business revenues fully at their source, so that there is no personal taxation on interest, dividends, capital gains, gifts or estates. Restructured in this way, the tax code can become a powerful incentive for savings and investment—which translates into economic growth and expansion, more and better jobs, and raising the standard of living for all Americans.

The key advantages of this flat tax plan are threefold: First, it will dramatically simplify the payment of taxes. Second, it will remove much of the IRS regulatory morass now imposed on individual and corporate taxpayers, and allow those taxpayers to devote more of their energies to productive pursuits. Third, since it is a plan which rewards savings and investment, the flat tax will spur economic growth in all sectors of the economy as more money flows into investments and savings accounts.

Professors Hall and Rabushka have projected that within seven years of enactment, this type of a flat tax would produce a 6 percent increase in output from increased total work in the U.S. economy and increased capital formation. The economic growth would mean a $7,500 increase in the personal income of all Americans. No one likes to pay taxes. But Americans will be much more willing to pay their taxes under a system that they believe is fair, a system that they can understand, and a system that they recognize promotes rather than prevents growth and prosperity. My flat tax legislation will afford Americans such a tax system.
## ARLEN SPECTER FLAT TAX

**Form 1**

### Individual Wage Tax 2006

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Your full name with initial (if joint return, also give spouse's name and initial)</strong></td>
<td><strong>Your social security number</strong></td>
</tr>
<tr>
<td><strong>Home address (number and street including apartment number or rural route)</strong></td>
<td><strong>Spouse's social security number</strong></td>
</tr>
<tr>
<td><strong>City, town, or post office, state, and ZIP code</strong></td>
<td></td>
</tr>
</tbody>
</table>

1. **Wages, salary, pension and retirement benefits**
   - $25,000 for married filing jointly
   - $12,500 for single
   - $18,750 for single head of household

2. **Personal allowance (enter only one)**
   - $25,000 for married filing jointly
   - $12,500 for single
   - $18,750 for single head of household

3. **Number of dependents, not including spouse, multiplied by $6,250**

4. **Mortgage interest on debt up to $125,000 for owner-occupied home**

5. **Cash or equivalent charitable contributions (up to $3,125)**

6. **Total allowances and deductions (lines 2, 3, 4 and 5)**

7. **Taxable compensation (line 1 less line 6, if positive; otherwise zero)**

8. **Tax (20% of line 7)**

9. **Tax withheld by employer**

10. **Tax or refund due (difference between lines 8 and 9)**
A variety of specific cases illustrate the fairness and simplicity of this flat tax: 

**Case #1—Married couple with two children, rents home, yearly income $40,000**

<table>
<thead>
<tr>
<th>Under Current Law:</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Income</td>
<td>$40,000</td>
<td>Four personal exemptions</td>
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<td>Standard deduction</td>
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<td>Taxable income</td>
<td>16,500</td>
<td>Tax due under current rates</td>
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</table>

**Under Flat Tax:**

| Personal allowance | $12,500 | Taxable income | 37,500 | Tax due under flat tax | $7,500 |
| Effective rate | 15.0% |

**Increase of $61**

**Case #2—Married couple with no children, $150,000 mortgage at 9%, yearly income $75,000**

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<tbody>
<tr>
<td>Income</td>
<td>$75,000</td>
<td>Two personal exemptions</td>
<td>$6,000</td>
<td>Home mortgage deduction</td>
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<tr>
<td>Taxable income</td>
<td>8,500</td>
<td>State &amp; local taxes</td>
<td>3,000</td>
<td>Charitable deduction</td>
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<tr>
<td>Tax due under flat tax</td>
<td>$6,809</td>
<td>Taxable income</td>
<td>50,400</td>
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</tr>
</tbody>
</table>

**Under Flat Tax:**

| Personal allowance | $25,000 | Home mortgage deduction | 11,250 | Charitable deduction | 1,500 |
| Effective tax rate | 9.1% |

**Increase of $2,266**

**Case #3—Married couple with three children, $250,000 mortgage at 9%**

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<tbody>
<tr>
<td>Income</td>
<td>$250,000</td>
<td>Three personal exemptions</td>
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<td>Home mortgage deduction</td>
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<tr>
<td>Taxable income</td>
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<td>State &amp; local taxes</td>
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<td>Charitable deduction</td>
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<tr>
<td>Tax due under flat tax</td>
<td>$7,450</td>
<td>Taxable income</td>
<td>47,250</td>
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</tr>
</tbody>
</table>

**Under Flat Tax:**

| Personal allowance | $25,000 | Home mortgage deduction | 11,250 | Charitable deduction | 3,000 |
| Effective tax rate | 9.9% |

**Increase of $11,234**

**Case #4—Married couple with three children, $250,000 mortgage at 9%, yearly income $125,000**

<table>
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<th>Under Current Law:</th>
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</thead>
<tbody>
<tr>
<td>Income</td>
<td>$125,000</td>
<td>Five personal exemptions</td>
<td>$11,250</td>
<td>Home mortgage deduction</td>
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<tr>
<td>Taxable income</td>
<td>11,250</td>
<td>State &amp; local taxes</td>
<td>5,000</td>
<td>Charitable deductions</td>
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<tr>
<td>Tax due under flat tax</td>
<td>$17,750</td>
<td>Taxable income</td>
<td>72,500</td>
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**Under Flat Tax:**

| Personal allowance | $25,000 | Home mortgage deduction | 11,250 | Charitable deductions | 6,000 |
| Effective tax rate | 15.5% |

**Increase of $9,625**

**ANNUAL TAXES UNDER 20 PERCENT FLAT TAX FOR MARRIED COUPLES WITH TWO CHILDREN FILING JOINTLY**

<table>
<thead>
<tr>
<th>Income</th>
<th>Home mortgage*</th>
<th>Deductible mortgage interest</th>
<th>Charitable contributions*</th>
<th>Personal allowance (w/ child)</th>
<th>Taxable income (w/ child)</th>
<th>Effective tax rate (percent)</th>
<th>Taxes owed</th>
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<td>35,000</td>
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* Assumes home mortgage of twice annual income at a rate of 9 percent and charitable contributions up to 2 percent of annual income.

**HOMEOWNERS’ INSURANCE NONDISCLOSURE ACT**

Mr. LOTT. Mr. President, I have introduced a bill requiring insurance companies to provide a written “plain English” explanation on the front page of each new homeowner’s policy. It is a commonsense, customer-friendly service that could benefit insurers, consumers, and taxpayers.

I cosponsored a similar measure during the last Congress. The changes from last Congress are minimal. The new bill, called the Homeowners’ Insurance Nondisclosure Act, deals exclusively with homeowners’ policies, the area where most insurance coverage disputes arise following Hurricane Katrina.

Homeowners’ policies are notoriously long, complicated, and written in legalese. Even for homeowners who are familiar with legal documents like mortgages and deeds, insurance policies are hard to understand.

That is because these policies are a contract between two parties, defined in precise legal terms. In the case of homeowners’ policies, most consumers depend heavily on their agents for a good-faith explanation.

Yet, unlike a mortgage or deed, insurance policies are a competitive product purchased by consumers. While we can’t erase complex legalese from an insurance document, I do think it is reasonable for insurers to provide their paying customers with a simple, concise explanation of their policy.

If passed, this bill would require insurers to place a basic description of what the policy will cover in a “noncoverage box,” stating in bold letters, twice the size of the body of the policy text, all conditions, exclusions, and limitations pertaining to the individual policy’s coverage.

Consumer groups like this proposal, and insurers should, too. It requires nothing of insurance companies except a little extra ink, but it could save insurers, their customers, and taxpayers much more.

One consumer group contends that had there been a plain English explanation of homeowners’ policies before Katrina, American homeowners could have saved up to $60 billion in lost claims. Insurers and taxpayers could save an untold amount of time and money in averted negotiations and court costs associated with disputes.

Using existing laws that govern unlicensed agents can significantly different rules when the next Katrina-like disaster hits America—rules which better protect consumers. And for homeowners, some of those rules will be clearly displayed on the first page of every new homeowner’s policy, written in plain English.

**ELECTIONS IN NIGERIA**

Mr. FEINGOLD. Mr. President, this April 10, 2007
to consolidate its young democracy and to set an example for other developing countries in the region and around the world. Last November, the Senate unanimously passed a resolution I introduced that called upon the Government of Nigeria and the Independent National Electoral Commission to demonstrate a commitment to successful democratic elections and promised continued U.S. and international support for this effort. With the first set of votes just days away, I am disheartened by the poor performance of these individuals and institutions in the leadup to these historic polls.

Since GEN Olusegun Obasanjo took the helm of Nigeria’s first civilian government in 15 years in 1999, the United States and the wider international community have made significant investments in assisting Nigeria’s democratic transition in recognition of the country’s strategic and symbolic importance. The past month’s polls do not produce a legitimate, fairly elected government, however, the United States and our allies will need to reconsider our political and material support to Nigeria.

Following a violently contested election in 2003, President Obasanjo declared that his “initial assignment as President is trying to heal the wounds from the elections.” Instead, in the runup to this month’s polls, he has sparked controversy by using the Independent National Electoral Commission, INEC, to limit competition, not promote it; by repressing dissent rather than encouraging free speech; by harassing domestic observers and obstructing the free and fair participation of opposition candidates. These abuses reveal the need for substantial electoral reform if Nigeria is to continue becoming a role model of democracy in Africa and around the world.

By any accounts, Nigeria is simply not ready to conduct this election, and the President and the Chairman of INEC should be held accountable for that failure. There is still time, however, to demonstrate a commitment to the democratic process by accrediting and facilitating the work of domestic and foreign election observers, approving and publicizing election procedures and polling places, and posting voter lists at each polling location. The conduct of the polls to be held on April 14 and 21, including unrestricted access to polling places for election monitors, will bolster the credibility of President Obasanjo’s government and INEC, which have been damaged by slow and incomplete preparations in past months.

Disrespect for the principles and processes of democracy threaten the gains that President Obasanjo’s government has overseen in the past 8 years. Nigeria’s recent economic growth, domestic security, and international reputation are all at stake because development, stability, and credibility cannot be sustained in a dysfunctional political system. Regardless of the outcome of this month’s elections, I urge all political leaders and their supporters to respect the rule of law, preserve the democratic process, and renounce violence.

This is a critical moment for Nigeria and for Africa. If problems related to this month’s elections lead to unrest and instability in Nigeria, the impact could unsettle the region, indirectly by example and directly by weakening one of the most important forces for peace and progress in Africa. Under President Obasanjo’s leadership, Nigeria has defended democracy throughout Africa by working with allies to reverse coups and efforts to undermine constitutional processes. Now the President has put his own democracy at risk, and the world is watching. Corruption, violence, repression, and obstruction of transparent, legitimate elections will not be tolerated by the international community, and Nigeria and its leaders will be judged accordingly.

RETIREMENT OF ROBERT D. EVANS

Mr. KENNEDY. Mr. President, I welcome this opportunity to pay tribute to Robert D. Evans, who retired on February 28, after 35 years of distinguished service with the American Bar Association, including services as director of the ABA’s Governmental Affairs Office.

Born in Vermont, Bob received his B.A. from Yale University in 1966 and his law degree from the University of Michigan in 1969. He began his legal career at the Chicago firm known today as Sachnoff & Weaver, practicing corporate and commercial law. When an opportunity to work on public policy issues arose, he joined the ABA Chicago staff in 1972, and soon found himself working in the ABA’s Washington, DC, office. Since 1982, Bob has served as director of the Governmental Affairs Office, providing strong leadership on many issues, including judicial independence, tax reform, the PATRIOT Act, and numerous anticrime and anti-terrorism bills. Perhaps what people will remember most is Bob’s career-long effort to guarantee access to justice for all through the development and preservation of the Legal Services Corporation, which funds local legal aid programs to help individuals and families deal with basic legal problems that affect day-to-day living.

Bob is listed in “Who’s Who in America” and “Who’s Who in American Law.” He has received numerous awards and commendations for his dedicated and tireless work in seeking equal justice for America’s poor, including recognition from the National Legal Aid and Defender Association and the National Clients Council.

Bob has also made outstanding contributions to Washington-area communities. He has served Washington Grove, MD, as mayor and town council member, and currently sits on the Washington Grove Planning Commission. Bob has also chaired the Associations Division of the National Capital Area United Way Campaign, and has worked to raise millions of dollars for DC area charities to support those in need. He also was president of Project Northstar, a homeless children’s tutoring program for homeless children in the District of Columbia.

I commend his dedication to the rule of law, his professionalism, his expertise and his unfailing good humor. Bob has fulfilled the highest ideals and goals of the legal profession. He has improved the administration of justice, and brought greater access to legal representation and American justice for all persons, regardless of their economic or social condition. Bob will be greatly missed. I join my many colleagues and friends in wishing Bob, his wife Kathie, and their daughter Sarah much happiness in the years to come.

HONORING OUR ARMED FORCES

PRIVATE FIRST CLASS STEPHEN K. RICHARDSON

Mr. DODD. Mr. President, I rise today to humbly honor a Bridgeport, CT, soldier who lost his life in the service of our country: Private First Class Stephen K. Richardson.

On Tuesday, March 20, the 22-year-old Private First Class Richardson and another soldier were killed when a roadside bomb exploded near their vehicle in Baghdad. Now Stephen is being remembered for his spirit of service, for his devotion to his country, and for his love of his family.

Stephen served with the 1st Battalion, 28th Infantry, 4th Brigade, 1st Infantry Division, which has been charged with securing Baghdad. Private First Class Richardson took on that mission willingly: “He wanted to be part of America’s protection,” said his grandmother, Ina Jackson. “He wanted to help rebuild Iraq.” Like nearly every other soldier who has enlisted since the start of the Iraq war, Private First Class Richardson knew exactly where he was going and exactly what risks he’d be facing which makes his sacrifice all the more admirable.

Those who were close to Stephen know just what a fine young life has been cut off. Edward Geist, a professor at the University of Bridgeport, remembered his teaching here: “He was older than my other students he took the work more seriously,” said Professor Geist. He still remembers an essay Private First Class Richardson wrote about his future plans returning to his home in helping his family start a business to help improve living conditions. “It was much more reflective and serious than what we normally get,” Stephen’s professor said. I think that seriousness of purpose was exactly what helped to raise millions of dollars for DC area charities to support those in need. I am proud to join my colleagues in honoring Private First Class Richardson to serve his country and a glimpse of the bright future he might have had in store.
Instead, his death leaves a father and mother to bury their son; a fatherless daughter, Iyanna; and a widowed and pregnant wife, Katana. Their memories of Stephen are bright and indelible: Stephen planting tomatoes, spinach, and string beans in that backyard garden with his grandmother; Stephanie giving a pony ride to her 7-year-old cousin; Stephen watching “Bugs Bunny” with infant Iyanna. Today, I imagine that each of those memories comes back with a stab of grief to those who loved Stephen; but I pray that time will turn them into a wellspring of comfort.

This war leaves behind more anguish than we can easily bear. At 4 a.m. on Tuesday morning, Stephen’s mother, Jacqueline Hamilton-Carby, started out of bed in Jamaica and sat down to write him a letter: “It has been 43 days, that is 1,032 hours or 61,920 minutes, better yet 3,715,200 seconds, since I heard your voice. That is a long, 1-o-n-g time but whereas I was worried before, I now placed you in the hands of God.” On the same day, her son was killed.

But she has no doubt that he is in that hand still. “I’m not angry with anyone,” said Ms. Hamilton-Carby. “I just view it as the work of God.”

May she find comfort, and all who loved Stephen, and all who are bereaved. I add my voice to their prayers, and I pledge my highest respect to an American soldier who died in our service.

Private First Class Stephen K. Richardson.

STRATEGIC REFINERY RESERVE ACT

Mr. KOHL. Mr. President, I rise today to speak on a bill I introduced, the Strategic Refinery Reserve Act of 2007. This bill would authorize the Department of Energy to build enough refining capacity to meet the energy needs of the Federal Government—and primarily the Department of Defense—and to supply the private market in times of shortages and price spikes.

Hurricanes Katrina and Rita, which severely damaged oil refineries in the Gulf Coast, illustrated the Nation’s vulnerability to a disruption in supply of refined petroleum and exposed shortcomings in our current Strategic Petroleum Reserve system. The Strategic Refinery Reserve Act would address shortcomings in our current Strategic Petroleum Reserve act.

One of the Nation’s best trial lawyers, Joe fights for what he believes is right. Joe has won settlements for investors in white-collar fraud cases and represented numerous California public agencies, including the California Public Employees Retirement System. He took on corrupt energy giant Enron during California’s energy crisis.

Joe was the lead trial lawyer for 23,000 elderly customers in the Lincoln Savings & Loan Association debacle. After a 4-month trial, he won one of the largest jury verdicts then recorded. For his work in defense of the watchdog group Consumers Union, Trial Lawyers for Public Justice honored Joe for his “outstanding contribution to the public interest” as “Trial of the Year Finalist” in 2000.

In the 1970s, Joe was involved in early environment lawsuits to save the California coast and numerous consumer actions which laid the groundwork for many of our present consumer laws. Since then, Joe has focused on financial fraud on behalf of shareholders and public pension funds.

Joe is also my appointment to the Federal Judicial Advisory Committee, which President George W. Bush, Senator DIANNE FEINSTEIN, and I authorized.

It is clear that Joe is one of the top trial lawyers in the country. What is equally impressive is that while some people would have stopped there, satisfied with this outstanding accomplishment, Joe continues to give of his time and resources. And not just with worthy pro bono work.

Throughout his lifetime, Joe has been committed to fighting the good fight. From his days as a college student in the South, challenging segregation by drinking from segregated water fountains, to his work as one of nine members and chair of the California Legal Works Consortium; from his involvement with the Boys and Girls Club to his work with Disability Rights Advocates, which honored him in 2003 for his nearly 40 years of civil rights work, Joe’s dedication to others has had an enormous reach.

Joe is deeply committed to giving back to his local community. He preserved the Debenedetti building, a Mission Revival Style building which is very special to residents of Half Moon Bay, California. From his involvement with the Boys and Girls Club to his work with Disability Rights Advocates, which honored him in 2003 for his nearly 40 years of civil rights work, Joe’s dedication to others has had an enormous reach.

Born in Brooklyn, Joe received his B.S. in engineering from California Polytechnic College in San Luis Obispo and his J.D. from Hastings College of Law at the University of California in 1964. Joe served in the U.S. Army Intelligence Corps and was a Special Forces paratrooper and
JAG Corps officer. As a veteran, he has continued to assist veterans.

In 2000, UC Hastings opened the Cotchet Center for Advocacy recognizing Joe as one of its outstanding graduates. In 2004, Cotchet endowed a $7 million fund to support science and math education at California State Polytechnic University to serve inner-city and rural minority children. To honor Joe, Cal Poly renamed its landmark Clock Tower the Cotchet Education Building. In 2006, the Joseph W. Cotchet Business Stu-
dio for students was dedicated at Notre Dame de Namur University.

Congratulations to Joe Cotchet for being named Santa Clara University’s Distinguished Advocate for 2007. This is a worthy addition to a very long list of accomplishments.

TRIBUTE TO CAPTAIN RAYMOND GERALD MURPHY

Mr. DOMENICI. Mr. President, it is with a sad heart that I come to the floor today and honor my good friend Raymond Gerald Murphy. Jerry Murphy died last Friday at the age of 77. A burial with full military honors is planned for Santa Fe National Cemetery this week.

CPT Jerry Murphy was the 39th U.S. marine to be awarded the Medal of Honor for heroism in the Korean war. He was decorated by President Dwight Eisenhower at the White House on July 7, 1953. In addition to the Medal of Honor, Captain Murphy was also awarded the Silver Star, the Purple Heart, the Korean Service Medal with two bronze stars, the United Nations Service Medal, the National Defense Service Medal, and the Pearl Harbor medal. Jerry Murphy was a hero in every sense of the word.

What really made Jerry special though was his service to others. When he returned from Korea, he dedicated his entire life to taking care of other veterans. He spent 23 years working in the Albuquerque VA Regional Office. Upon his retirement, he continued to serve veterans as a volunteer until he became too sick to do so. Earlier this year, Senator Bingaman and I introduced a bill to rename the Veterans Affairs Medical Center in Albuquerque, as the “Raymond G. Murphy Department of Veterans Affairs Medical Center.” I am very sad this was not completed before Jerry died, but I hope it will be completed soon.

In addition to all of Jerry’s military honors, he was also a family man. Jerry is survived by his wife Maryann, his sons John, Michael, and Tim, his daughter Eleanor, as well as eight grandchildren. My thoughts and prayers are with the Murphy family this week; I know they are proud of what Jerry accomplished in his lifetime.

Jerry Murphy was a close friend, and I will miss him greatly. I always valued his friendship and advice. Godspeed, amigo. You touched many lives and helped many people. Your legacy will not soon be forgotten.

Mr. ALLARD. Mr. President, I wish today to commemorate the life of retired Marine Captain Raymond Gerald Murphy. Captain Murphy passed away on April 6, 2007, but left behind a legacy that will not soon be forgotten. His legacy of courage, valor, and commitment to service will forever remain a part of the history and heart of the United States.

Captain Murphy was born and raised in Pueblo, CO. After graduating from Adams State College, he selflessly volunteered for the U.S. Marine Corps and was sent to officer training school. At only 23 years old, 2nd Lieutenant Murphy led a Marine platoon to perform an evacuation mission in the hills of South Korea after U.S. troops had sustained months of heavy mortar attack. Realizing that all platoon commanders had been either killed or severely wounded, Murphy found himself in charge of the attack and began reorganizing his men. Murphy ordered his men to carry the wounded back down the hill for medical attention, and carried many men on his own back.

Having sustained a wound to his left side, and shot through his right hand, Murphy refused medical help until all of his men were safe. Wounded, he continued to go back up the hill, facing continuing enemy fire, until every injured and fallen marine was carried back down. As the last man down the hill, Lieutenant Murphy left not a single man on that shattered hillside in South Korea.

On October 27, 1953, President Dwight D. Eisenhower bestowed upon Lieutenant Murphy the Medal of Honor, the highest award for his courage and heroism during the Korean War. Lieutenant Murphy’s Medal of Honor citation reads, “His resolute and inspiring leadership, exceptional fortitude and great personal valor reflect the highest credit upon Second Lieutenant Murphy and enhance the finest traditions of the United States Naval Service.” I believe this encapsulates the essence of his service and patriotism as a U.S. marine.

I am honored to stand before the Senate today to share a little of the life and service of CPT Raymond Murphy. I would like to offer my condolences to his wife Marry Ann and his four children. His family has lost a husband and a father, and this Nation has lost a truly noble man, but may his gallantry and heroism be memorialized forever in the freedoms of this great country.

100 YEAR ANNIVERSARY OF RUNNING N CATTLE COMPANY

Mr. DOMENICI. Mr. President, today I recognize the Running N Cattle Company of Kenna, NM, that is currently celebrating its centennial year of operation. The Running N Cattle Company’s 100th anniversary date was in May of 2006.

The Running N Cattle Company is a family owned partnership that began in 1906. William H. Cooper and his wife Elizabeth Martin donated the land to the fourth generation to own the partnership and continue the business. The Running N Cattle Company has been continuously owned and operated by the same family. For the past 36 years John and Jenny, along with Jackie are the fourth generation to own the partnership and continue the business. Next year the family has been able to purchase additional pieces of land allowing the ranch to expand. The headquarters is kept in the same...
Bob has been our Director of Music for Methodist Church, in Marietta, GA. Fraumann will celebrate 50 years of years in the future.

TRIBUTE TO LEWIS ENTZ

- Mr. ALLARD. Mr. President, today I wish to speak about an upstanding citizen of Colorado—Lewis Entz. Former State Senator Entz will be receiving an honorary degree from Adams State College at their spring commencement on May 5, 2007. This honor will be bestowed upon him in recognition of the work he has done for the college and, more importantly, the San Luis Valley.

Lewis Entz is the owner and operator of Entz Farms. He is a licensed pilot, a husband and father of four, and a Marine Corps veteran of the Korean war. Before spending nearly 20 years serving the people of the region in the Colorado General Assembly, he was an Alamosa County commissioner for 14 years. I served in the Colorado Legislature with then-Representative Entz for 8 years. We worked together on small airports, agriculture, and water. During all my time dealing with him, I learned enough to heartily agree with the board of trustees of Adams State College in their assessment of his value to his community, region, and State.

Lew’s vast knowledge of Colorado’s complex water laws was incredibly important to his district. Water is the most important aspect of existence in the San Luis Valley. Lew, as a farmer, has a full appreciation of this. Lew tirelessly worked for years to protect this resource for his constituents.

There is no one who has served the people of the San Luis Valley more vigorously or better than Lew Entz. I congratulate him on this honor from Adams State College, and want to thank him for his four decades of service to the people of the San Luis Valley and the State of Colorado.

HONORING BOB AND JAN FRAUMAN

- Mr. ISASKSON. Mr. President, today I wish to acknowledge a very special occasion that only comes around once in a lifetime. This year Bob and Jan Fraumann will celebrate 50 years of marriage.

Bob and Jan are very special members of my church, Mt. Zion United Methodist Church, in Marietta, GA. Bob has been our Director of Music for as long as I can remember. Every Sunday is a musical experience, but Easter, Christmas, and Independence Day are always exceptional. Bob works extremely hard for months to arrange remarkable music programs for those very special celebrations.

Bob and Jan are blessed with two sons, Rick and Greg, and four grandchildren. Rick and his wife Laura have two children, Bobbie and Brittany. Greg and his wife Terri have two children, Victoria and Sofia.

I am delighted to join with my pastors, Steve Lyle and Laura Parker, and our entire congregation in congratulating Bob and Jan Fraumann on this truly momentous occasion. It is a privilege to stand here in this Senate and honor this tremendous milestone that embodies the profound love and commitment they have for one another. Their marriage is an inspiration to us all.

TRIBUTE TO JOHN GILLIS

- Mr. KYL. Mr. President, National Crime Victims Rights Week will soon be celebrated. I would like to compliment John Gillis, the director of the Office of Victims of Crime at the Department of Justice, for his outstanding work on behalf of crime victims. I ask to have printed in the RECORD a column I wrote about Mr. Gillis.

The material follows.

HONORING DIRECTOR JOHN GILLIS

(By U.S. Senator Jon Kyl)

Each April for the past 26 years, the Nation has observed National Crime Victims Rights Week. This is a time when the country recognizes the harm suffered by millions of Americans at the hands of criminals and calls for additional ways to support victims in their struggle for justice.

This year I’d like to use this week to praise the leadership of John W. Gillis, the Director of the Justice Department’s Office for Victims of Crime (OVC). During his long and distinguished career including two decades with the Los Angeles Police Department and a stint as chair of the California Board of Prison Terms—Mr. Gillis has fought tirelessly on behalf of crime victims.

Mr. Gillis experienced personal tragedy in 1979 when gang members murdered his daughter Louarna as part of a targeted killing of children of police officers.

This horrific tragedy compelled him to help found the Justice for Homicide Victims and the Coalition of Victims of Violent Crimes, an organization that works for the rights of victims and their families. He also founded Victims and Friends United and has been an active member of Memory of Victims Everywhere and Parents of Murdered Children, a support group for families of homicide victims.

The President nominated Mr. Gillis to become Director of OVC in 2001, and I was honored to lead his nomination through the Senate. Since the beginning of his tenure, he has transformed OVC into an organization that truly puts victims first.

Through his “victims first” focus, he has helped provide the inspiration for the Scott正义诊所 and the Linda Preston, Stevenie Impson, Louanna Gillis, Nila Lynn Crime Victims Rights Act of 2004, named in part after his daughter, which Senator Dianne Feinstein and I cosponsored, and which extends meaningful and enforceable rights to federal crime victims for the first time in our Nation’s history.

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Through his “victims first” focus, he has helped provide the inspiration for the Scott Justice Clinic and the Linda Preston, Stevenie Impson, Louanna Gillis, Nila Lynn Crime Victims Rights Act of 2004, named in part after his daughter, which Senator Dianne Feinstein and I cosponsored, and which extends meaningful and enforceable rights to federal crime victims for the first time in our Nation’s history.

To ensure that these new rights will be enforced through our courts, Mr. Gillis has supported the National Criminal Insti- tute and new clinics across the country; such as the one here in Arizona, established by Arizona. This program provides victims with the first model in the nation. These clinics provide free legal and social services to victims of crime who seek to be treated with the respect and dignity that they de- serve. Mr. Gillis has sent to Mr. Gillis set by providing critically needed re- sources to support these efforts beginning in 2006, and we are committed to continue ex- panding them.

Under his leadership, OVC created the Helping Outreach Programs to Expand (HOPE) grant program to help fund grassroots victim service organizations that have difficulty in obtaining public funding through other sources. In 2002, 376 programs received over $1.8 million to support its development efforts, and, in 2007, the HOPE program will continue to develop and expand the use of grassroots service providers to help expand outreach to victims.

OVC has reached out to the Native American communities where the highest rates of violent crime occur. It increased funding for services to victims and the ability for this funding to include tribes not under federal jurisdiction. In 2005, OVC funded approximately $8.5 million for projects serving Native American crime victims, and in 2006, it increased discretionary funding to $3.5 million for the Tribal Victim Assistance Program, allowing 30 tribes to develop direct services to victims of violent crime.

OVC also recently announced the availability of an online application for the International Terrorism Victim Expense Reimbursement Program, which is intended to reimburse victims for allowable expenses incurred as a result of acts of terrorism occurring outside the United States. Additionally, under OVC’s Antiterrorism and Emergency Assistance Program, OVC provided assistance to jurisdictions to support the response to incidents of mass violence on school campuses.

This Crime Victims Rights Week, we should not only honor those affected by crime, but think about new ways to help and support victims in their struggle for justice. The examples that I’ve cited are only a few of Mr. Gillis’s accomplishments as OVC director that have helped those seeking justice. And, I am proud to have someone like Mr. Gillis guiding these efforts. His service to the President and to crime victims is a credit to our country.

GIRL SCOUTS OF THE OUACHITA COUNCIL

- Mrs. LINCOLN. Mr. President, honest and fair, Friendly and helpful. Considerate and caring. Courageous and strong. For 80 years, the Girl Scouts of Ouachita Council have worked to instill these values into the girls of central and southeast Arkansas. On April 14, 2007, they will gather together to celebrate this impressive anniversary, and I want to take this time to celebrate with them. Their tireless commitment to the young women of our State has helped them to become the best in the daughters of Arkansas, and we owe them a great deal of thanks for this important work.
With the stated mission of building girls of courage, confidence and character, the Girl Scouts of America started as a group of just 18 in Savannah, GA, in 1915. And as the Scouts have grown up along with the country, their cause has lost none of its relevance or necessity. It is through the Girl Scouts, that we have the opportunity to help children and young women to realize the importance of self-esteem and the critical role they have to play in their communities and their country. The Girl Scouts of America prepare girls of courage, confidence and character, the Girl Scouts will prepare the next generation for leadership roles not only in politics, but in business, education and science. We have built on the great foundation that was laid for us by generations past, and it is our responsibility to continue to lay the groundwork for future women leaders.

Today, I am proud to be one of 16 women serving in the Senate—the largest class of women Senators in American history. Across the country, we see women taking more active leadership roles not only in politics, but business, education and science. We have built on the great foundation that was laid for us by generations past, and it is our responsibility to continue to lay the groundwork for future women leaders.

There still much left to do, and the unyielding commitment of groups like the Girl Scouts will prepare the next wave of great American women to the benefit of their communities and the country as a whole.

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by the White House, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

The nominations received today are printed at the end of the Senate proceedings.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC–1239. A communication from the Principal Deputy, Office of the Under Secretary of Defense (Personnel and Readiness), transmitting, pursuant to law, a report on the confirmed retirement of Lieutenant General Joseph F. Dunford, United States Army, the Secretary of Defense, pursuant to law, the report of a rule entitled “Guam: Military Presence” (RIN0005–AB32) received on March 29, 2007; to the Committee on Banking, Housing, and Urban Affairs.

EC–1250. A communication from the Senior Attorney Advisor, Office of General Counsel, Federal Housing Finance Board, transmitting, pursuant to law, a report of a rule entitled “Federal Home Loan Bank Appointive Directors” (RIN3069–AB33) received on March 29, 2007; to the Committee on Banking, Housing, and Urban Affairs.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with
EC-1260. A communication from the Director, Office of General Counsel and Legal Policy, Office of Government Ethics, transmitting, pursuant to law, the report of a rule entitled "Marketing Order Regulating the Handling of Spearmint Oil Produced in the Far West; Salable Quantities and Allotment Per-

sitions; Exemption of Positions and Revised of Departmental Component Designations" (RIN3209-AA14) received on March 13, 2007; to the Committee on Homeland Security and Governmental Affairs.

EC-1261. A communication from the Chairman, U.S. Nuclear Regulatory Commission, transmitting, pursuant to law, a report relative to the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002; to the Committee on Homeland Security and Governmental Affairs.

EC-1262. A communication from the Federal Register Liaison Officer, Alcohol and Tobacco Tax and Trade Bureau, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled “Green Valley of Russian River Valley Viticultural Area” (RIN1315-AE18) received on March 28, 2007; to the Committee on the Judiciary.

EC-1263. A communication from the Acting Associate Attorney General, Department of Justice, transmitting, pursuant to law, an annual report relative to Freedom of Information Act litigation cases; to the Committee on the Judiciary.

EC-1264. A communication from the Acting Associate Attorney General, Department of Justice, transmitting, pursuant to law, the Department's annual report on certain activities pursuant to the Freedom of Information Act; to the Committee on the Judiciary.

EC-1265. A communication from the Administrator, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled “Agriculture, Nutrition, and Forestry Annual Report for the Fiscal Year Ending September 30, 2006; FV06-1267. A communication from the Assistant to the Secretary for Economic Growth, Conservation and Rural Development, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled “Cut Flow-

ers from Countries with Chrysanthemum White Rust” (Docket No. 03–016–3) received on April 3, 2007; to the Committee on Agriculture, Nutrition, and Forestry.

EC-1270. A communication from the President of the United States, transmitting, pursuant to law, a notification of the President’s intent to enter into a free trade agreement with the Republic of Korea; to the Committee on Finance.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. DORGAN, from the Committee on Indian Affairs, with an amendment:

S. 322. A bill to establish an Indian youth telemental health demonstration project (Rept. No. 110–45).

By Mr. DORGAN, from the Committee on Indian Affairs, without amendment:

S. 375. A bill to waive application of the Indian Self-Determination and Education Assistance Act to a specific parcel of real property transferred by the United States to 2 Indian tribes in the State of Oregon, and for other purposes (Rept. No. 110–70).

S. 396. A bill to amend the Indian Child Protection and Family Violence Prevention Act to identify and remove barriers to reducing child maltreatment and examinations of certain children, and for other purposes (Rept. No. 110–45).

By Mr. LEAHY, from the Committee on Agriculture, Nutrition, and Forestry:

S. 451. A bill to recruit and retain more qualified individuals to teach in Tribal Colleges or Universities (Rept. No. 110–46).

By Mr. BINGAMAN, from the Committee on Energy and Natural Resources:

Special Report entitled “History, Jurisdiction, and a Summary of Activities of the Committee on Energy and Natural Resources during the 109th Congress” (Docket No. AMS–FV–06–0174) received on April 1, 2007; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. KENNEDY, from the Committee on Health, Education, Labor, and Pensions:

Report to accompany S. 358, a bill to prohibit discrimination on the basis of genetic information with respect to health insurance and employment (Rept. No. 110–48).

S. 629. A bill to reauthorize the Head Start Act, and for other purposes (Rept. No. 110–49).

By Mr. BIDEN, from the Committee on Foreign Relations, without amendment:

S. 638. A bill to enhance the overseas stabilization and reconstruction capabilities of the United States department of defense, and for other purposes (Rept. No. 110–50).

By Mr. LEAHY, from the Committee on the Judiciary, with amendments:

S. 442. A bill to provide for loan repayment for prosecutors and public defenders (Rept. No. 110–51).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred, and referred as indicated:

By Mr. FEINGOLD (for himself, Mr. SMITH) a bill to amend the Internal Revenue Code of 1986 to provide incentives for employer-provided employee housing assistance, and for other purposes; to the Committee on Finance.

By Mr. CARDIN (for himself, Mr. WARNER, Mr. WEBB, Mrs. CLINTON, Ms. MIKULSKI, Mr. KENNEDY, Ms. LANDRIEU, Mr. LEVIN, and Mrs. SMITH) a bill to establish the Star-Spangled Banner and War of 1812 Bicentennial Commission, and for other purposes; to the Committee on the Judiciary.

By Mr. BAUCUS (for himself and Mr. TESTER) a bill to develop a program to acquire interests in land or water for the use and enjoyment of individuals within the Crow Reservation in the State of Montana, and for other purposes; to the Committee on Indian Affairs.

By Mr. SPECTER:

S. 1081. A bill to amend the Internal Revenue Code of 1986 to impose a flat tax only on individual taxable earned income and business taxable income, and for other purposes; to the Committee on Finance.

By Mr. KENNEDY:

S. 1082. A bill to amend the Federal Food, Drug, and Cosmetic Act to require and amend the prescription drug user fee provisions, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. CORNYN (for himself, Mr. BENTNETT, Mr. LOTT, Mr. ALLARD, and Mrs. HUTCHISON):

S. 1083. A bill to extend the Immigration and Nationality Act to increase competitiveness in the United States, and for other purposes; to the Committee on the Judiciary.

By Mr. REID (for himself, Mr. SCHUMER, Mr. MENENDEZ, Mr. BROWN, and Ms. CANTWELL):

S. 1084. A bill to provide housing assistance for very low-income veterans; to the Committee on Banking, Housing, and Urban Affairs.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. REID (for himself and Mr. MCCONNELL):

S. Res. 140. A resolution to authorize legal representation in In the Matter of the Application of Committee on Finance; considered and agreed to.

By Mrs. CLINTON (for herself, Mr. BROWN, Mr. LIEBERMAN, Mr. KENNEDY, Mr. LAUTENBERG, Mr. KERRY, Mr. SCHUMER, and Mr. DODD):

S. Res. 141. A resolution urging all member countries of the International Commission of the International Tracing Service who have yet to ratify the May 2006 amendments to the 1955 Bonn Accords to expedite the ratification process to allow for open access to the Holocaust archives located at Bad Arolsen, Germany; to the Committee on Foreign Relations.

By Mr. BIDEN (for himself, Mr. WARNER, Mr. SCHUMER, Mr. LEVIN, Mr. KOREHL, Mr. KERRY, Mr. SALAZAR, Mr. CASHY, Mr. LIEBERMAN, Mr. KENNEDY, Ms. KLOHUCHAR, Mr. BAUCUS, Ms. MIKULSKI, Mr. OBAMA, and Mr. WYDEN):

S. Res. 142. A resolution observing Yom Hashoah, Holocaust Memorial Day, and calling on the remaining member countries of the International Commission of the International Tracing Service, in May 2006 amendments to the 1955 Bonn Accords immediately to allow open access to the Bad
At the request of Mr. BAUCUS, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. 122, a bill to amend the Trade Act of 1974 to extend benefits to service sector workers and firms, enhance certain trade adjustment assistance authorities, and for other purposes.

S. 206

At the request of Mr. ENZI, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 254, a bill to award posthumously a Congressional gold medal to Constantino Brumidi.

S. 294

At the request of Mr. LAUTENBERG, the names of the Senator from Montana (Mr. BAUCUS), the Senator from West Virginia (Mr. ROCKEFELLER) and the Senator from Illinois (Mr. OBAMA) were added as cosponsors of S. 294, a bill to reauthorize Amtrak, and for other purposes.

S. 329

At the request of Mr. CRAPO, the names of the Senator from Idaho (Mr. CRAIG) was added as a cosponsor of S. 346, a bill to improve the amendments made by the No Child Left Behind Act of 2001.

S. 380

At the request of Mr. WYDEN, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 380, a bill to reauthorize the Secure Rural Schools and Community Self-Determination Act of 2000, and for other purposes.

S. 381

At the request of Mr. INOUYE, the name of the Senator from Delaware (Mr. BIDEN) was added as a cosponsor of S. 381, a bill to establish a fact-finding Commission and extend the study of the prior Commission to investigate and determine facts and circumstances surrounding the relocation, internment, and deportation to Axis countries of Latin Americans of Japanese descent from December 1941 through February 1943, and the impact of those actions by the United States, and to recommend appropriate remedies, and for other purposes.

S. 450

At the request of Mr. LEAHY, the name of the Senator from Florida (Mr. NELSON) and the Senator from Delaware (Mr. BIDEN) were added as cosponsors of S. 430, a bill to amend title 10, United States Code, to enhance the national defense through empowerment of the Chief of the National Guard Bureau and the enhancement of the functions of the National Guard Bureau, and for other purposes.

S. 450

At the request of Mr. LANDRIEU, the name of the Senator from South Dakota (Mr. JOHNSON) and the Senator from Ohio (Mr. BROWN) were added as cosponsors of S. 382, a bill to amend the Public Health Service Act to establish a State family support grant program to end the practice of parents giving legal custody of their seriously emotionally disturbed children to State agencies for the purpose of obtaining mental health services for those children.

S. 383

At the request of Mr. AKAKA, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 383, a bill to amend title 38, United States Code, to extend the period of eligibility for health care for combat service in the Persian Gulf War or future hostilities from two years to five years after discharge or release.

S. 399

At the request of Mr. BUNNING, the name of the Senator from North Carolina (Mr. BURR), the Senator from Utah (Mr. HATCH) and the Senator from Delaware (Mr. CARPER) were added as cosponsors of S. 399, a bill to amend title XIX of the Social Security Act to include podiatrists as physicians for purposes of covering physician's services under the Medicaid program.

S. 415

At the request of Mr. BROWNBACK, the name of the Senator from Nebraska (Mr. HAGEL) was added as a cosponsor of S. 415, a bill to amend the Revised Statutes of the United States to prevent the use of the legal system in a manner that extends beyond state and local governments, and the Federal Government, and inhibits such governments' constitutional actions under the first, tenth, and fourteenth amendments.

S. 430

At the request of Mr. LEAHY, the names of the Senator from Florida (Mr. NELSON) and the Senator from Delaware (Mr. BIDEN) were added as cosponsors of S. 450, a bill to amend title XVIII of the Social Security Act to repeal the medicare outpatient rehabilitation therapy caps.

S. 479

At the request of Mr. BAUCUS, his name was added as a cosponsor of S. 479, a bill to reduce the incidence of suicide among veterans.

S. 502

At the request of Mr. CRAPO, the names of the Senator from Texas (Mr.
CORNYN) and the Senator from Mississippi (Mr. COCHRAN) were added as cosponsors of S. 502, a bill to repeal the sunset on the reduction of capital gains rates for individuals and on the taxation of dividends of individuals at capital gains rates.

At the request of Mr. MCCAIN, the name of the Senator from Maine (Ms. SOWE) was added as a cosponsor of S. 519, a bill to modernize and expand the reporting requirements relating to child pornography, to expand cooperation in combating child pornography, and for other purposes.

At the request of Mr. BAYH, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 522, a bill to safeguard the economic health of the United States and the health and safety of United States citizens by improving the management, coordination, and effectiveness of domestic and international intellectual property rights enforcement, and for other purposes.

At the request of Mr. FEINGOLD, the name of the Senator from New York (Mrs. CLINTON) was added as a cosponsor of S. 530, a bill to prohibit products that contain dry ultra-filtered milk products, milk protein concentrate, or casein from being labeled as domestic natural cheese, and for other purposes.

At the request of Mr. NELSON of Nebraska, the names of the Senator from West Virginia (Mr. ROCKEFELLER), the Senator from Ohio (Mr. BROWN) and the Senator from Alabama (Mr. SESSIONS) were added as cosponsors of S. 543, a bill to improve Medicare beneficiary access by extending the 60 percent compliance threshold used to determine whether a hospital or unit of a hospital is an inpatient rehabilitation facility under the Medicare program.

At the request of Mr. LEAHY, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 548, a bill to amend the Internal Revenue Code of 1986 to provide that a deduction equal to fair market value shall be allowed for charitable contributions of literary, musical, artistic, or scholarly compositions created by the donor.

At the request of Mr. DOMENICI, the names of the Senator from Arkansas (Mr. PAYNE), the Senator from Pennsylvania (Mr. SPECTER) and the Senator from Montana (Mr. TESTER) were added as cosponsors of S. 558, a bill to provide parity between health insurance coverage of mental health benefits and benefits for medical and surgical services.

At the request of Ms. STABENOW, the names of the Senator from New Jersey (Mr. LAUTENBERG) and the Senator from Rhode Island (Mr. WHITEHOUSE) were added as cosponsors of S. 573, a bill to amend the Federal Food, Drug, and Cosmetic Act and the Public Health Service Act to improve the prevention, diagnosis, and treatment of heart disease, stroke, and other cardiovascular diseases in women.

At the request of Mr. DODD, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 576, a bill to provide for the effective prosecution of terrorists and guarantee due process rights.

At the request of Mr. REID, the names of the Senator from Michigan (Ms. STABENOW), the Senator from Iowa (Mr. GRASSLEY), the Senator from South Dakota (Mr. JOHNSON) and the Senator from Illinois (Mr. DURbin) were added as cosponsors of S. 579, a bill to amend the Public Health Service Act to authorize the Director of the National Institute of Environmental Health Sciences to make grants for the development and operation of research centers regarding environmental factors that may be related to the etiology of breast cancer.

At the request of Mrs. FEINSTEIN, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 594, a bill to limit the use, sale, and transfer of clustered munitions.

At the request of Mr. LAUTENBERG, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 595, a bill to amend the Emergency Planning and Community Right-to-Know Act of 1986 to strike a provision relating to modifications in reporting frequency.

At the request of Mrs. FEINSTEIN, the names of the Senator from Indiana (Mr. BAYH), the Senator from New Jersey (Mr. LAUTENBERG) and the Senator from Louisiana (Ms. LANDRIEU) and the Senator from North Dakota (Mr. DORGAN) were added as cosponsors of S. 597, a bill to extend the special postage stamp for breast cancer research for 2 years.

At the request of Mr. SMITH, the names of the Senator from West Virginia (Mr. ROCKEFELLER) and the Senator from Massachusetts (Mr. KERRY) were added as cosponsors of S. 600, a bill to amend the Public Health Service Act to establish the School-Based Health Clinic program, and for other purposes.

At the request of Mr. LAUTENBERG, the names of the Senator from Washington (Ms. CANTWELL) and the Senator from Maryland (Ms. MIKULSKI) were added as cosponsors of S. 604, a bill to amend title 10, United States Code, to limit increases in the certain costs of health care services under the health care programs of the Department of Defense, and for other purposes.

At the request of Mr. ROCKEFELLER, the names of the Senator from Michigan (Ms. STABENOW) and the Senator from Wyoming (Mr. ENZI) were added as cosponsors of S. 609, a bill to amend section 254 of the Communications Act of 1934 to provide that funds received as universal service contributions and the universal service support programs established pursuant to that section are not subject to certain provisions of title 21, United States Code, commonly known as the Antideficiency Act.

At the request of Mr. LAUTENBERG, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 615, a bill to provide for the nonimmigrant spouses and children of nonimmigrant aliens who perished in the September 11, 2001, terrorist attacks an opportunity to adjust their status to that of an alien lawfully admitted for permanent residence, and for other purposes.

At the request of Mr. FEINGOLD, the name of the Senator from Delaware (Mr. BIDEN) was added as a cosponsor of S. 620, a bill to establish a demonstration project to train unemployed workers for employment as health care professionals, and for other purposes.

At the request of Mr. DOMENICI, the names of the Senator from South Dakota (Mr. JOHNSON), the Senator from Delaware (Mr. CARPER) and the Senator from New Jersey (Mr. LAUTENBERG) were added as cosponsors of S. 624, a bill to amend the Public Health Service Act to provide waivers relating to grants for preventive health measures with respect to breast and cervical cancers.

At the request of Mr. KENNEDY, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 625, a bill to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products.

At the request of Mr. ROBERTS, the names of the Senator from Nebraska (Mr. NELSON) and the Senator from Indiana (Mr. BAYH) were added as cosponsors of S. 638, a bill to amend the Internal Revenue Code of 1986 to provide for collegiate housing and infrastructure grants.

At the request of Mrs. CLINTON, the name of the Senator from New Jersey (Mr. LAUTENBERG) was added as a cosponsor of S. 661, a bill to establish kinship navigator programs, to establish kinship assistance payments for children, and for other purposes.

At the request of Mrs. CLINTON, the names of the Senator from New Jersey...
to provide States with the option to expand or add coverage of pregnant women under the Medicaid and State children’s health insurance programs, and for other purposes.

S. 798

At the request of Mr. Cardin, the name of the Senator from Ohio (Mr. Brown) was added as a cosponsor of S. 798, a bill to establish the Star-Spangled Banner and War of 1812 Bicentennial Commission, and for other purposes.

S. 819

At the request of Mr. Dorgan, the name of the Senator from Michigan (Mr. Levin) was added as a cosponsor of S. 819, a bill to amend the Internal Revenue Code of 1986 to expand tax-free distributions from individual retirement accounts for charitable purposes.

S. 849

At the request of Mr. Leahy, the name of the Senator from Maryland (Mr. Cardin) was added as a cosponsor of S. 849, a bill to promote accessibility, accountability, and openness in Government by strengthening section 552 of title 5, United States Code (commonly referred to as the Freedom of Information Act), and for other purposes.

S. 866

At the request of Mr. Lugur, the name of the Senator from New York (Mrs. Clinton) was added as a cosponsor of S. 866, a bill to provide for increased planning and funding for health promotion programs of the Department of Health and Human Services.

S. 883

At the request of Mrs. Lincoln, the name of the Senator from Michigan (Ms. Stabenow) was added as a cosponsor of S. 883, a bill to amend the Internal Revenue Code of 1986 to extend the transportation fringe benefit to bicycle commuters.

S. 937

At the request of Mrs. Lincoln, the name of the Senator from Michigan (Mr. Levin), the Senator from Illinois (Mr. Durbin) and the Senator from California (Ms. Boxer) were added as cosponsors of S. 883, a bill to amend the Higher Education Act of 1965 to extend loan forgiveness for certain loans to Head Start teachers.

S. 884

At the request of Mr. Durbin, the name of the Senator from Minnesota (Ms. Klobuchar) was added as a cosponsor of S. 884, a bill to amend the Public Health Service Act regarding residential treatment programs for pregnant and parenting women, a program to reduce substance abuse among pregnant women, and for other purposes.

S. 898

At the request of Ms. Mikulski, the name of the Senator from California (Mrs. Boxer) was added as a cosponsor of S. 898, a bill to amend the Public Health Service Act to provide breakthroughs in Alzheimer’s disease research while providing more help to caregivers and increasing public education about prevention.

S. 901

At the request of Mr. Kennedy, the name of the Senator from New York (Mr. Schumer) and the Senator from Connecticut (Mr. Lieberman) were added as cosponsors of S. 901, a bill to amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act.

S. 919

At the request of Mr. Menendez, the name of the Senator from Hawaii (Mr. Akaka) was added as a cosponsor of S. 919, a bill to reauthorize Department of Agriculture conservation and energy programs and certain other programs of the Department, to modify the operation and administration of these programs, and for other purposes.

S. 923

At the request of Mr. Kerry, the name of the Senator from Massachusetts (Mr. Kennedy) was added as a cosponsor of S. 923, a bill to amend the National Trails System Act to designate the New England National Scenic Trail, and for other purposes.

S. 935

At the request of Mr. Nelson of Florida, the names of the Senator from Virginia (Mr. Webb) and the Senator from South Dakota (Mr. Johnson) were added as cosponsors of S. 935, a bill to repeal the requirement for reduction of survivor annuities under the Survivor Benefit Plan by veterans’ dependency and indemnity compensation, and for other purposes.

S. 997

At the request of Mrs. Clinton, the name of the Senator from Rhode Island (Mr. Whitehouse) was added as a cosponsor of S. 997, a bill to improve support and services for individuals with autism and their families.

S. 946

At the request of Mr. Durbin, the name of the Senator from Illinois (Mr. Obama) was added as a cosponsor of S.
At the request of Mr. VITTER, the names of the Senator from Georgia (Mr. ISAKSON) and the Senator from Illinois (Mr. DURBIN) were added as cosponsors of S. 595, a bill to establish an adolescent literacy program.

At the request of Mr. SMITH, the names of the Senator from Idaho (Mr. CRAIG) and the Senator from Louisiana (Mr. VITTER) were added as cosponsors of S. 970, a bill to impose sanctions on Iran and on other countries for assisting Iran in developing a nuclear program, and for other purposes.

At the request of Mr. BROWN, the states from Vermont (Mr. KERRY), the Senator from Massachusetts (Mr. KENNEY), the Senator from South Dakota (Mr. BURD), and the Senator from Oklahoma (Mr. COBURN) were added as cosponsors of S. 1026, a bill to designate the Department of Veterans Affairs Medical Center in Augusta, Georgia, as the "Charlie Norwood Department of Veterans Affairs Medical Center".

At the request of Mr. LIEBERMAN, the name of the Senator from California (Mrs. OBAMA) was added as a cosponsor of S. 1033, a bill to assist in the conservation of rare felids and rare canids by supporting and providing financial resources for the conservation programs of nations within the range of rare felid and rare canid populations and projects of persons with demonstrated expertise in the conservation of rare felid and rare canid populations.

At the request of Mr. BIDEN, the name of the Senator from Illinois (Mr. OBAMA) was added as a cosponsor of S. 1062, a bill to reauthorize the grant program for reentry of offenders into the community in the Omnibus Crime Control and Safe Streets Act of 1968, to improve reentry planning and implementation, and for other purposes.

At the request of Mr. DURBIN, the name of the Senator from Tennessee (Mr. ALEXANDER) was added as a cosponsor of S. 1062, a bill to establish a congressional commemorative medal for organ donors and their families.

At the request of Mr. BROWNBACK, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 1082, a joint resolution to acknowledge a long history of official depredations and ill-conceived policies by the United States Government regarding Indian tribes and offer an apology to all Native Peoples on behalf of the United States.

At the request of Mr. SCHUMER, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. Res. 112, a resolution designating April 6, 2007, as "National Missing Persons Day".

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. FEINGOLD (for himself, Mr. REID, Mr. LEAHY, Mr. DODD, Mr. KERRY, Mrs. BOXER, Mr. WHITEHOUSE, Mr. KENNEDY, Mr. HARKIN, and Mr. SANDERS): S. 1077. A bill to safely redeploy United States troops from Iraq; to the Committee on Foreign Relations.

Mr. FEINGOLD, Mr. President, it is just over 4 years since our brave troops marched into Baghdad, bringing an end to the dictatorship of Saddam Hussein. Four long years later, however, over 141,000 U.S. troops remain in Iraq and more are on the way, while that country continues its tragic descent into widespread violence and civil war. Four years later, the President continues to insist that he has no intention of bringing this war to an end—or even acknowledging when it might end. And, 4 years later, the American people are calling out in greater and greater numbers for an end to a misguided and open-ended military mission.

That is why, today, along with Sen- ator Majority Leader HARRY REID, I am introducing legislation that would require the President to begin safely redeploying U.S. troops from Iraq within 120 days, and that would require redeployment to be completed by March 31, 2008. By ending the war on that date. While I would personally prefer an even stronger approach, with a shorter time-frame, for ending the war, I am pleased to be working with the Majority Leader on this legisla- tion. Senator REID understands the term regarding Indian tribes and offers an apology to all Native Peoples on behalf of the United States. The昶no military solution to Iraq’s civil war, which the recently declassified National Intelligence Esti- mation (NIE) called a “self-sustaining inter-sectarian struggle between Shia and Sunni.” And even if there were a military solution, civil war is only one of the problems causing violence and instability in Iraq. Again, let me quote the NIE: “It does not adequately capture the complexity of the conflict in Iraq, which includes ex- tensive Shia-on-Shia violence, al-Qa’ida and Sunni insurgent attacks on Coalition forces, and widespread criminally motivated violence.”

Most Americans recognize that it makes no sense to ask our troops to police an ongoing civil war. Nor does it
make any sense to ask our troops to put down a Sunni insurgency, or to place them in the middle of "Shia-on-Shia violence" or "criminally motivated violence" in Iraq.

It does, however, make sense to address the threat posed by al Qaeda. For that reason, the Feingold-Reid legislation would allow "targeted operations, limited in duration and scope, against members of al Qaeda and other international terrorist organizations, to continue through December 31, 2008." The bill also has narrow exceptions for U.S. troops to train and equip Iraqis and provide security for other U.S. troops and civilian personnel, but neither of these exceptions authorizes U.S. troops to engage in combat operations.

The Feingold-Reid bill allows targeted operations to take out terrorists who pose a threat to the United States, but it recognizes that maintaining a huge U.S. troop presence in Iraq doesn't help in the global anti-terrorism efforts. By redeploying the vast majority of U.S. troops from Iraq, this legislation will allow us to refocus on the broader fight against al Qaeda. Al Qaeda is not a one-dimensional threat, and the President's strategy of devoting so much of our resources and attention to one country is short-sighted and counterproductive.

Some of my colleagues argue that cutting off funds for the war is the same as cutting off funds for the troops. They raise the specter of troops being left on the battlefield without the training, equipment and resources they need. Those arguments are false. Every member of Congress agrees that we must continue to support our troops and give them the resources and support they need. Not a single member would ever vote for any proposal that would jeopardize the safety of our troops. The Feingold-Reid bill would end our involvement in the war without in any way impairing the safety of our brave servicemembers. By setting a clear, by establishing a date after which funds would be terminated.

That same day, October 15, 1993, several Senators—myself included—supported an amendment to end funding for Somalia operations. The amendment offered by Senator Mccain would have eliminated Somalia funding right away except for funds for withdrawal or in case of American POWs or MIAs not being accounted for. Thirty-eight Senators, most of them Republicans, opposed that amendment. We did so because we understood that Senator Mccain was proposing an appropriate, safe, responsible way to use our power of the purse to bring an ill-conceived military mission to a close without in any way harming our troops. As Senator Hatch said at the time, "The Mc Cain amendment provides the President with the flexibility needed to bring our forces home with honor and without endangering the safety of American troops."

Feingold-Reid also allows the President to bring our brave forces home with honor and without endangering them in any way. It is safe, it is responsible, and it is long overdue.

The President will not listen to the American people. It is up to this Congress—newly elected by Americans fed up with the President's mishandling of Iraq—to let the people's voices be heard. And it is up to this Congress to end a war that is undermining our national security and draining precious resources from the global fight against al Qaeda and its allies. Last November, the American people voted to end the war. Now it is up to Congress to do the same.

I yield the floor.

By Mrs. CLINTON (for herself, Mr. MARTINEZ, Mr. KENNEDY, Mr. DURBIN, Mr. LIEBERMAN, Mr. REED, and Mr. SMITH):
S. 1078. A bill to amend the Internal Revenue Code of 1986 to provide incen- tives for employer-provided employer housing, for other purposes; to the Committee on Finance.

Mrs. CLINTON. Mr. President, I rise today to reintroduce the Housing America’s Workforce Act. My legislation will address the need to ensure safe, decent, and affordable housing as well as creating and sustaining healthy communities for our Nation’s workforce. I would also like to thank Congresswoman NUNIA VELAÍZQUEZ for her leadership in introducing the companion bill in the House of Representatives.

The sad truth is that across the Nation, working full-time no longer guarantees the security of a home. The shortage of workforce housing has emerged as a national crisis as housing costs have far outgrown the rate of inflation in many markets. As the gap between wages and housing costs widens, affordable housing is pushed beyond the reach of an increasing number of working families.

As a result, people who provide the bulk of vital community services—teachers, firefighters, police officers, and laundry and restaurant workers—often cannot afford to live in the high-priced communities in which they serve. That is why I am reintroducing the Housing America’s Workforce Act.

This bill creates incentives to expand employer-assisted housing initiatives across the Nation. This legislation offers a tax credit of 50 cents for every dollar that an employer provides to eligible employees, up to $10,000 or six percent of the employee’s home purchase price, whichever is less, or up to $2,000 for rental assistance.

In addition, this act defines housing assistance as a nontaxable benefit to ensure that employees receive the full value of employers’ contributions. Finally, the act establishes a competitive grant program available to nonprofit housing organizations that provide technical assistance, program administration, and outreach support to employers undertaking housing assistance initiatives.

The benefits of this legislation are far reaching. Employees receive financial support to buy or rent a home closer to work, while their employer enjoys the benefits of a more stable workforce, including improved morale, and reduced turnover and recruitment resulting in bottom line savings. Furthermore, the surrounding community receives a new investment in the form of property taxes, as former commuters become homeowners near the workplace.

Research has shown that this legislation is needed. Recent data shows that the number of working families with critical housing problems, defined as those paying more than half of their income for housing and/or living in dilapidated conditions, has increased 67 percent from 1997 to approximately 5 million families. In addition, a recent workforce housing study released by the National Association of Home Builders found that workers who provide essential services and their families can only find affordable housing in less than half of the Nation’s top 25 metropolitan areas.
The Housing America’s Workforce Act addresses our Nation’s housing challenge from a new perspective by allowing the private sector to play a direct role in promoting housing affordability. This legislation will create opportunities for us as a Nation to expand these public-private partnerships and will make a profound impact in the lives of our workforce.

I hope my colleagues will join me in support of this legislation and move it to the floor without delay.

By Mr. REID (for Mr. Obama (for himself, Mr. Schumer, Mr. Menendez, Mr. Brown, and Ms. Cantwell));

S. 1084. A bill to provide housing assistance for very low-income veterans; to the Committee on Banking, Housing, and Urban Affairs.

Mr. Obama. Mr. President, I rise today to introduce the Homes for Heroes Act. I am pleased to be joined by Senators Schumer, Menendez, Brown and Cantwell in offering this legislation.

As we respond to the moral question of how we honor our sacred trust to care for our military when they come home, I am reminded of my grandfather, who signed up for duty in World War II the day after Pearl Harbor. He marched across Europe in Patton’s army, and when he came home to Kansas, he could have very easily faced any puny bureaucracy at the county level.

He could’ve had trouble paying for college, or finding a job, or even finding a home. But at the time, he lived in a country that recognized the value of his service—a country that kept its promise to defend those who have defended freedom. And so he was able to afford college through the GI Bill, and he was able to buy a house through the Federal Housing Administration, and he was able to work hard and raise a family and build his own American Dream.

And after I think about my grandfather, and the opportunities he had as a veteran, I then think about a veteran I met named Bill Allen, who told me that on a trip he took to Chicago, he actually saw homeless veterans fighting over access to the dumpsters. Think about that. Fighting over access to dumpsters. Ignores to the dumpsters.

And each and every night in this country, more than 200,000 of our Nation’s veterans are homeless. And nearly twice as many will experience homelessness over the course of a year. There is no single cause for this.

Homeless vets are men and women, single and married. Many suffer from Post-Traumatic Stress Disorder; others were physically and mentally battered in combat. A large number left the military without job skills that could be easily used in the private sector.

All have risked their lives for our country—but at the very least—the basic dignity of going to sleep at night with a roof over their head. And every day we allow them to go without, it brings shame to every single one of us.

This is wrong. It’s wrong because we’re quick to offer words of praise for our troops when they’re abroad, but quick to forget about their needs when they come home. It’s wrong because we have the resources and the programs in place to help solve this problem. And it’s wrong on a fundamentally moral level—the idea that we would allow such brave and selfless citizens to suffer in poverty. And so it is now our responsibility—it is now our duty—to make this right.

These heroes often have not connected to vital housing and supportive services that could make all of the difference. Many more low income veterans and veteran families live at the margins and are at risk of becoming homeless in the absence of permanent housing solutions and supportive services. While it’s one thing to get veterans off the streets temporarily, it’s our other responsibility to place veterans in real, permanent homes. In fact, the VA has consistently identified permanent housing as one of the top three unmet needs in the fight against veteran homelessness. And despite the tremendous services the federal government serves only a tiny fraction of those who are in need.

That’s why I’m introducing a bill today called the Homes for Heroes Act. That bill would help expand access to long-term, affordable housing by creating a fund so that the community and nonprofit organizations could purchase, build, or rehabilitate homes and apartments for veterans.

So that we don’t just leave them to face their personal challenges on their own, the organizations would also provide services like counseling, employment training, and child care to the veterans who live in this housing. And by creating this fund, the VA could expand the number of permanent housing vouchers for veterans from the current number of less than 2,000 to 20,000, and make this authorization permanent. These are vouchers that have been highly successful in giving veterans the chance to afford a place to live.

Every day in America, there are men and women on street corners with handwritten signs that say “Homeless Veteran—Will Work For Food.” Sometimes by attracting attention, they just keep walking. These are soldiers who fought in World War II, Korea, Vietnam, and Iraq. They made a commitment to their country when they chose to serve and now we must keep our commitment to them. Because when we make the decision to send our troops to war, we also make the decision to care for them, to speak for them, and to think of them—always—when they come home.

This kind of America—an America of opportunity, of collective responsibility for each other—is the kind that so many of our parents and grandparents came home to after the Second World War. Now it’s time for us to build this America for those sons and daughters who come home today.

By Mr. CORNYN (for himself, Mr. Bennet, Mr. Allard, and Mrs. Hutchison):

S. 1083. A bill to amend the Immigration and Nationality Act to increase competitiveness in the United States, and for other purposes; to the Committee on the Judiciary.

Mr. CORNYN. Mr. President, today I am reintroducing legislation from last Congress—the Securing Knowledge, Innovation, and Leadership Act of 2007 or the “SKIL Act of 2007”. In the past two years, there has been so much focus by this Congress and this Administration on restoring America’s competitive advantage. The President has proposed the America’s Competitiveness Initiative. Last Congress, I was proud to co-sponsor the Protecting America’s Competitiveness Act of 2006. In the 110th Congress, I have co-sponsored along with 44 other Senators the America COMPETES Act. This is a bipartisan legislative response to recent recommendations coming from the National Academies’ “Rising Above the Gathering Storm” report and the Council on Competitiveness’ “Innovate America” report.

The one thing we have learned through the process of what is called America’s competitiveness is that everyone has to do their part to keep our country’s economy strong and viable. Currently, we are working very hard on comprehensive immigration reform and I am pleased to be a part of that process. However, our country, right now, is losing its competitive edge in the global market. Why? Because our immigration policies prohibit us from retaining some of the “best and brightest” students currently graduating from our colleges and universities—especially those with advanced degrees in science and technology. We also continue to lose highly qualified and highly skilled workers to foreign competitors because of our failed immigration system.

Recently Microsoft Chairman Bill Gates made it clear the dire situation we are faced with today in terms of high-skilled labor shortages: “For generations, America has prospered largely by attracting the world’s best and brightest to study, live, and work in the United States. Our success at attracting the greatest talent has helped us become a global innovation leader, enriched our culture, and created economic opportunities for all Americans. Unfortunately, America’s immigration policies are driving away the world’s best and brightest precisely when we need them most . . . .”

More recently, a terrible shortfall in our visa supply for the highly skilled stems not from security concerns, but from visa policies that have not been updated in over a decade and a half. We live in a
different economy now. Simply put: It makes no sense to tell well-trained, highly skilled individuals—many of whom are educated at our top colleges and universities—that the United States does not welcome or value them. For too many foreign students and professionals, however, our immigration policies send precisely this message.

This should be deeply troubling to us, both in human terms and in terms of our own economic self-interest. America will not remain the envy of the world to maintain its technological leadership if it shuts out the very people who are most able to help us compete. Other nations are recognizing and benefiting from this situation. They are crafting their immigration policies to attract highly talented students and professionals who would otherwise study, live, and work here. Our lost opportunities are their gains.”

The U.S. Department of Labor projects between 2002 and 2012 there will be 2 million U.S. job openings in the fields of computer science, mathematics, engineering and the physical sciences. The SKIL bill would retain foreign students educated in the U.S. to ensure continued competition in the global market.

As I have stated before, a critical part of America’s economy is our ability to innovate but our current immigration policies are threatening future growth. U.S. Citizenship and Immigration Service’s recent announcement that the 2008 cap for H-1B workers was met in one day makes clear that we urgently need to reform our policies for highly-skilled workers in the scientific and technology fields. Because the U.S. has already met the cap for H-1B visas, foreign students graduating from our universities this spring are virtually shut out of the U.S. job market. This situation is unprecedented. If we don’t act, America’s technology companies will be hamstrung and our economy will suffer. The SKIL bill will allow the U.S. to remain competitive in this global economy.

The SKIL bill promotes competitiveness and allows the U.S. to remain competitive in this global economy. While I encourage and intend to be a part of the continued dialogue on overall immigration reform, I urge my colleagues to act quickly on this issue.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 141—URGING ALL MEMBER COUNTRIES OF THE INTERNATIONAL COMMISSION OF THE INTERNATIONAL TRACING SERVICE WHO HAVE YET TO RATIFY THE MAY 2006 AMENDMENTS TO THE 1955 BONN ACCORDS TO EXPEDITE THE RATIFICATION PROCESS TO ALLOW FOR OPEN ACCESS TO THE HISTORIC ARCHIVES CATED AT BAD AROLSEN, GERMANY

Mrs. CLINTON (for herself, Mr. BROWN, Mr. LIEBERMAN, Mr. KENNEDY, Mr. LAUTENBERG, Mr. KERRY, Mr. SCHUMER, and Mr. DODD) submitted the following resolution; which was referred to the Committee on Foreign Relations

WHEREAS the International Tracing Service (ITS) archives located in Bad Arolsen, Germany, which are administered by the International Commission of the ITS, contain an estimated 50,000,000 records on the fates of some 17,500,000 individual victims of Nazi war crimes;

WHEREAS the ITS archives at Bad Arolsen remain the largest closed Holocaust-era archives in the world;

WHEREAS, although access to individual records can be requested by Holocaust survivors and their descendants, many who have requested information from the ITS archives have reported facing significant delays and even unapologies;

WHEREAS the ITS archives remain inaccessible to researchers and research institutions;

WHEREAS the Agreement Constituting an International Commission for the International Tracing Service, signed at Bonn June 6, 1955 (6 U.S.T. 6186) (commonly known as the “Bonn Accords”) established an international commission of 11 member countries (Belgium, France, Germany, Greece, Israel, Italy, Luxembourg, the Netherlands, Poland, the United Kingdom, and the United States) charged with overseeing the administration of the ITS Holocaust archives;

WHEREAS, following years of delay, in May 2006 in the United States the Senate approved amendments to the Bonn Accords that would allow researchers to use the archives and would allow each member country of the International Commission to receive digitized copies of archive materials and make the records available to researchers under the respective national laws relating to archives and privacy;

WHEREAS the May 2006 amendments to the Bonn Accords require that not later than the 11 member countries of the International Commission to ratify the amendments before open access to the Holocaust archives is permitted;

WHEREAS, although the final signature was affixed to the amendments in October 2006, only 5 out of the 11 member countries of the International Commission— the United States, Israel, Poland, the Netherlands, and the United Kingdom, have ratified the amendments;

WHEREAS the United States Holocaust Memorial Museum has for years been working tirelessly to provide public access to the materials in the Bad Arolsen archives;

WHEREAS, on March 8, 2007, representatives from the 11 member countries of the International Commission of the ITS met in the Netherlands and reviewed the current ratification status of each country and the ratification process in its entirety;

WHEREAS it is a moral and humanitarian imperative to permit public access to the materials of Holocaust records housed at Bad Arolsen;

WHEREAS it is essential that researchers obtain access while Holocaust survivors are likely to benefit from access to their scholarly work from the insights of eyewitnesses;

WHEREAS, in the aftermath of the Holocaust, there have been far too many instances of survivors and heirs of Holocaust victims being refused their moral and legal rights to information for purposes, slave labor compensation, and personal closure;

WHEREAS opening the historic records is a vital contribution to the world’s collective memory and understanding of the Holocaust and efforts to ensure that the anti-Semitism that made such horrors possible is never again permitted to take hold;

WHEREAS anti-Semitism has seen a resurgence in recent years, and as recently as December 2006, the President of Iran, Mahmoud Ahmadinejad, held the first of a bi-annual conference in Tehran in one year; and

WHEREAS in light of this conference, the anti-Semitic rhetoric of President Ahmadinejad, and a resurgence of anti-Semitism in part of the world, the opening of the archives at Bad Arolsen could not be more urgent. Now, therefore, be it

Resolved, That the Senate—

(1) commends the countries that have to date ratified the amendments to the Agreement Constituting an International Commission for the International Tracing Service, signed at Bonn June 6, 1955 (6 U.S.T. 6186) (commonly known as the “Bonn Accords”) to allow for open access to the Holocaust archives of the International Tracing Service (ITS) located at Bad Arolsen, Germany;

(2) commends the countries that have committed to expedite the process of releasing the archives and expects those countries to abide by their commitments;

(3) strongly urges all countries that have yet to ratify the amendments to abide by the treaty obligations made in May 2006 and to expedite the ratification of the amendments;

(4) strongly urges all member countries of the International Commission of the ITS to consider the short time left to Holocaust survivors and urge open access to the ITS archives should all countries not ratify the amendments by May 2007;
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(5) expresses the hope that bureaucratic and diplomatic processes will not further delay this process; and

(6) refuses to forget the murder of 6,000,000 Jews and more than 5,000,000 other victims during the Holocaust by Nazi perpetrators and their collaborators.

SENATE RESOLUTION 142—OBSERVING YOM HASHOAH, HOLOCAUST MEMORIAL DAY, AND CALLING ON THE REMAINING MEMBER COUNTRIES OF THE INTERNATIONAL COMMISSION OF THE INTERNATIONAL TRACING SERVICE TO RATIFY THE MAY 2006 AMENDMENTS TO THE 1955 BONN ACCORDS IMMEDIATELY AND ALLOW OPEN ACCESS TO THE BAD AROLSEN ARCHIVES

Mr. BIDEN (for himself, Mr. WARNER, Mr. SCHUMER, Mr. LEVIN, Mr. KOHL, Mr. KERRY, Mr. SALAZAR, Mr. CASEY, Mr. LIEBERMAN, Mr. KENNEDY, Ms. KLOBUCHAR, Mr. BAUCUS, Ms. MUIR, Mr. OBAMA, and Mr. WYDEN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 142

Whereas April 15, 1945, marks the international observance of Yom Hashoah, Holocaust Memorial Day, a day to remember and mourn the millions who died during the Holocaust of World War II;

Whereas thousands of Holocaust survivors, historians, and researchers are being denied access to files, located at Bad Arolsen, Germany, that tell the story of unspeakable crimes committed by the Nazis;

Whereas the Bad Arolsen archives contain 30,000,000 to 50,000,000 pages of documents that record the individual fates of over 17,000,000 victims of Nazi persecution;

Whereas the Bad Arolsen archives are administered by the International Tracing Service, which in turn is supervised by an international commission composed of 11 member countries established by the Agreement Constituting an International Commission for the Operation of the International Tracing Service, signed at Bonn June 6, 1955 (6 UST 6186) (commonly known as the “Bonn Accords”);

Whereas the member countries of the International Commission are the United States, Israel, Belgium, France, Germany, Greece, Italy, Luxembourg, the Netherlands, Poland, and the United Kingdom;

Whereas, in May 2006, after years of delay, the member countries of the International Commission commendably agreed to amend the Bonn Accords to make the Bad Arolsen archives public for the first time and agreed to place digitized copies of the documents in the archives at Holocaust research centers in other countries, including the United States Holocaust Memorial Museum;

Whereas the May 2006 amendments will become effective only after each of the 11 member countries completes the ratification process;

Whereas the United States, the United Kingdom, Israel, Poland, and the Netherlands, as the member countries of the International Commission of the International Tracing Service that have completed the ratification of the May 2006 amendments to the Bonn Accords, are the first to make copies of the documents from the Bad Arolsen archives that have already been digitized when the International Commission meets in Amsterdam in May 2007; and

(5) respectfully requests the Secretary of the Senate to transmit copies of this resolution to the Secretary of State and to the ambassadors representing each of the member countries of the International Commission in the United States.

Mr. BIDEN. Mr. President, this Sunday communities across the globe will mark Yom Hashoah, Holocaust Memorial Day. As we mourn the millions who were lost at the hands of the Nazis, how can anyone justify denying victims and historians access to files documenting the Nazis’ atrocious acts? Yet, that is exactly what is happening. Last December, I wrote to the ambassadors of nine countries about an issue of utmost importance—the opening of the Bad Arolsen Holocaust archives.

Unfortunately, the response from many of these countries has been disappointing. Thousands of Holocaust survivors, historians, and researchers are still being denied access to files that tell the story of unspeakable crimes committed by the Nazis. Many of the files are about the survivors themselves; still, they cannot view them.

The story of how this unacceptable state of events came about goes back 60 years. After the Allies won the Second World War, they took possession of millions of files and documents, penned by the Nazis themselves, which chronicled every aspect of their horrific Final Solution. To maintain this catalogue of atrocities, the Allies established an archive called the International Tracing Service, in the town of Bad Arolsen, Germany. Today, Bad Arolsen contains some 30 to 50 million pages that record the individual fates of over 17 million victims of Nazi persecution.

The Tracing Service was established to unify families and help survivors learn the ultimate fate of their lost loved ones. Yet, access to the records remains severely limited and very few survivors have ever been allowed direct, much less prompt access. The justification for this delay was supposedly privacy concerns, logistical problems associated with making the records widely accessible, and fears of new legal claims. None of these can justify the tragic result—thousands of elderly survivors have passed away in recent years, never knowing what happened to their families, even though the answer may be sitting on a shelf in Germany. This is simply tragic.

Eleven countries serve on the International Commission that supervises the Tracing Service. Last May, after years of delay, they commendably agreed to make these archives public for the first time. They also agreed to place digitized copies at Holocaust research centers in other countries, but only after each of the 11 countries—the United States, Israel, Belgium, France, Germany, Greece, Italy, Luxembourg, the Netherlands, Poland, and the United Kingdom—completed their own ratification procedure. In light of the advanced age of the remaining survivors, all committed to make ratification an urgent priority, with the goal of concluding the process by the end of 2006.

But as of December, when I wrote my letters, only the United States and Israel had ratified the agreement. Since then, the United Kingdom, Poland, and the Netherlands have joined the United States and Israel in completing ratification. However, Belgium, France, Germany, Greece, Italy, and Luxembourg have not done so.

Today, I am submitting a Senate Resolution calling on the Senate to join people around the world in observing Yom Hashoah, Holocaust Memorial Day, commending the countries that have completed ratification of the agreement to make the Bad Arolsen archives public, calling on those countries yet to complete ratification to do so immediately, and calling on the International Commission to approve immediate distribution of electronic copies of the documents from Bad Arolsen to research centers around the world, including the United States Holocaust Memorial Museum, so that survivors will be able to document their experience, and learn the fates of their lost loved ones.

Last fall, the Government of Iran hosted a conference; its absurd and outrageous premise was that the Holocaust did not occur. At a time when dangerously deluded efforts to deny the Holocaust are on the rise, how can we keep the Nazis’ own records from providing their horrors to the world? And how can we deny the Nazis’ victims—who have suffered enough for a thousand lifetimes—the truth they so clearly deserve?

Yom Hashoah reminds us of one of the greatest evils that has ever befallen the human race, and it mourns the millions who were lost as a result of that evil. The countries of the International Commission have an opportunity to do a little good by shedding light on that evil. That is the best way they could observe Yom Hashoah this year.
SENATE RESOLUTION 143—HONORING COACH EDDIE G. ROBINSON

Ms. LANDRIEU (for herself and Mr. VITTER) submitted the following resolution; which was considered and agreed to:

S. RES. 143

Whereas Eddie G. Robinson, the former coach of the Grambling State University Tigers, was born on February 13, 1919, in Jackson, Louisiana;

Whereas after graduating from high school, Eddie G. Robinson attended Leland College in Baker, Louisiana, where he played quarterback on the college’s football team and graduated with a baccalaureate of arts degree;

Whereas in 1941, Eddie G. Robinson accepted a football coaching position at Grambling State University, which, at the time, was known as the Louisiana Negro Normal and Industrial Institute;

Whereas during his 57-year tenure as the Grambling State University football coach, Eddie G. Robinson established himself as a legend in the world of sports and a Louisiana hero;

Whereas Eddie G. Robinson broke through the glass ceiling that had always undermined the true potential of African-American players and coaches;

Whereas Eddie G. Robinson won 308 games, which was more games won than any coach before him;

Whereas Eddie G. Robinson won 17 championships in the Southwestern Athletic Conference;

Whereas Eddie G. Robinson held the championships for Historically Black Colleges and Universities;

Whereas Eddie G. Robinson sent more than 41 players to the National Football League (NFL), including Paul “Tank” Younger, who was the first NFL player from a predominantly African-American college and, from then on, Coach Robinson was personally responsible for paving the way for all African-American players to have opportunities in the NFL and others to play at majority White schools;

Whereas Eddie G. Robinson’s achievements are not limited to his athletic victories;

Whereas Eddie G. Robinson taught his players the meaning of teamwork and patriotism, providing them lessons that extended far beyond the football field;

Whereas his contributions have also provided for one of the most exciting matches in college sports—the Bayou Classic football game, which Eddie G. Robinson and his staff have committed to since 1941, to continue the support of his wife Doris, his two great-grandchildren, Eddie Jr. and Lillian Rose Watkins, and his family;

Whereas the Spartans, who were instrumental in this great achievement and determined during the 2006-2007 season and has made Michigan State University proud: Now, therefore, be it

Resolved. That the Senate—

(1) recognizes the Michigan State University Men’s Hockey Team on winning the 2007 National Collegiate Athletic Association Championship and recognizes all the players, coaches, staff, fans, families, and others who were instrumental in this great achievement;

(2) directs the Secretary of the Senate to transmit an enrolled copy of this resolution to the Michigan State University and to the MSU Spartans Men’s Hockey Team for appropriate display.

SENATE RESOLUTION 144—CONGRATULATING ZACH JOHNSON ON HIS VICTORY IN THE 2007 MASTERS GOLF TOURNAMENT

Mr. GRASSLEY (for himself and Mr. HARKIN) submitted the following resolution; which was considered and agreed to:

S. RES. 145

Whereas, on April 8, 2007, Zach Johnson, a native Iowan, won the Masters Tournament at the Augusta National Golf Club in Augusta, Georgia;

Whereas, the Masters has been won by some of golf’s greatest champions, including Byron Nelson, Sam Snead, Ben Hogan, Arnold Palmer, Gary Player, Jack Nicklaus, Tiger Woods, Phil Mickelson, and many others;

Whereas, Zach Johnson’s final round of three-under-par 69 for a total score of 289 was two strokes better than that of any other competitor;

Whereas, in a final day on which six different players led, Zach Johnson showed great skill, patience and will to withstand the challenge of the weather and the course;

Whereas, Zach Johnson is the first Iowan to win the Masters, and the first Iowan to win a major championship in golf since Jack Fleck’s playoff victory over Ben Hogan in the 1950 U.S. Open;

Whereas, Zach Johnson has brought great pride and honor to his family, friends, and the citizens of Iowa with his victory: Now, therefore, be it

Resolved. That the Senate congratulates Zach Johnson on his outstanding accomplishment in winning the 2007 Masters golf tournament.

NOTICES OF HEARINGS/MEETINGS

COMMITTEE ON INDIAN AFFAIRS

Mr. DORGAN. Mr. President, I would like to announce that the Committee on Indian Affairs will meet on Thursday, April 12, 2007, at 9:30 a.m. in Room 415 of the Russell Senate Office Building to conduct a business meeting to consider pending legislation, to be followed immediately by an oversight hearing on Tribal Colleges and Universities.

Those wishing additional information may contact the Indian Affairs Committee at 224-2251.

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public...
that a hearing has been scheduled before the Committee on Energy and Natural Resources.

The hearing will be held on Monday, April 16, 2007, at 2:30 p.m., in room SD–366 of the Dirksen Senate Office Building.

The purpose of the hearing is to receive testimony on S. 731, the National Carbon Dioxide Storage Capacity Assessment Act of 2007 and S. 962, the Department of Energy Carbon Capture and Storage Research, Development, and Demonstration Act of 2007.

Due to the limited availability for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony to the hearing record should send it to the Committee on Energy and Natural Resources, U.S. Senate, Washington, DC 20510–6150, or by e-mail to Gina_weinstock@energy.senate.gov.

For further information, please contact Allyson Anderson or Gina Weinstock.

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

Mr. HARKIN. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transportation be authorized to hold a hearing during the session of the Senate on Tuesday, April 10, 2007, at 2:30 p.m., in Room 253 of the Russell Senate Office Building.

The hearing entitled “Voice over Internet Protocol (VoIP) and the Future of 911 Services,” will examine current issues and future challenges related to the provision of enhanced 911 (E911) services, and S. 428, the “IP-Enabled Voice Communications and Public Safety Act of 2007.”

The PRESIDING OFFICER. Without objection, it is so ordered.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

Mr. HARKIN. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transportation be authorized to hold a hearing during the session of the Senate on Tuesday, April 10, 2007, at 11 a.m., in Room 253 of the Russell Senate Office Building. The purpose of the hearing is to review the Federal Trade Commission Reauthorization Act.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON READINESS AND MANAGEMENT SUPPORT

Mr. HARKIN. Mr. President, I ask unanimous consent that the Subcommittee on Readiness and Management Support be authorized to meet during the session of the Senate on Tuesday, April 10, 2007, at 3 p.m., in both closed and open sessions, to receive testimony on overseas basing plans, military installation, environment, and base closure programs in review of the Defense authorization request for fiscal year 2008 and the future years Defense program.

The PRESIDING OFFICER. Without objection, it is so ordered.

PRIVILEGES OF THE FLOOR

Mr. HARKIN. Mr. President, I ask unanimous consent that Nicole Knoll and Grant Gustafson of my staff be granted floor privileges for the duration of today’s session.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. ISAKSON. Mr. President, I ask unanimous consent that Tyler Thompson, of my staff, be granted floor privileges for the remainder of the debate on S. 5 and S. 30.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. HARKIN. Mr. President, I ask unanimous consent that Guy Clifton, a fellow in Senator Hatch’s office, be granted floor privileges during the stem cell debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

HONORING COACH EDDIE G. ROBINSON

Mr. HARKIN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 143, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows: A resolution (S. Res. 143) honoring Coach Eddie G. Robinson.

There being no objection, the Senate proceeded to consider the resolution.

Mr. HARKIN. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, and that any statements relating to the resolution be printed in the Record.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 143) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. Res. 143

Whereas Eddie G. Robinson, the former coach of the Grambling State University Tigers, was born on February 13, 1919, in Jacksonville, Louisiana;

Whereas after graduating from high school, Eddie G. Robinson attended Leland College in Baker, Louisiana, where he played quarterback on the college’s football team and graduated with a baccalaureate of arts degree;

Whereas in 1941, Eddie G. Robinson accepted a football coaching position at Grambling State University, which, at the time, was known as the Louisiana Negro Normal and Industrial Institute;

Whereas during his 57-year tenure as the Grambling State University football coach, Eddie G. Robinson established himself as a legend in the world of sports and a Louisiana hero;

Whereas Eddie G. Robinson broke through the glass ceiling that had always undermined the true potential of African-American players and coaches;

Whereas Eddie G. Robinson won 408 games, which was more games won than any coach before him;

Whereas Eddie G. Robinson won 17 championships in the Southwestern Athletic Conference;

Whereas Eddie G. Robinson held the championship title 9 times for Historically Black Colleges and Universities;

Whereas Eddie G. Robinson sent more than 20 players into the National Football League (NFL), including Paul “Tank” Younger, who was the first NFL player from a predominantly African-American college when, then on, Eddie G. Robinson personally responsible for paving the way for all African-American players to have opportunities in the NFL and others to play at major- ity White schools;

Whereas Eddie G. Robinson’s achievements are not limited to his athletic victories;

Whereas Eddie G. Robinson taught his players the meaning of teamwork and patri- otism, providing them lessons that extended far beyond the football field;

Whereas his contributions have also provided for one of the most exciting match-ups in college sports—the Bayou Classic football game, which Eddie G. Robinson and his sports information director, the late Collie Nicholson, created;

Whereas Eddie G. Robinson was able to serve Grambling State University with such great distinction in large part because of the continued support of his wife Doris, his two children, Eddie Jr. and Lillian Rose Watkins, his grandchildren, and his great-grandchildren; Now, therefore, be it

Resolved, That the Senate—

(1) notes with deep sorrow and solemn mourning the death of Coach Eddie G. Robinson, Louisiana hero and a great American;

(2) extends its heartfelt sympathy to Mrs. Doris Robinson and the family of Eddie G. Robinson; and

(3) honors and, on behalf of the Nation, expresses deep appreciation for Coach Eddie G. Robinson’s outstanding service to Grambling State University, to Louisiana, and to his country.

HONORING THE MICHIGAN STATE UNIVERSITY SPARTANS

Mr. HARKIN. Mr. President, I ask unanimous consent that the Senate now proceed to the immediate consideration of S. Res. 144 submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows: The resolution (S. Res. 144) honoring the Michigan State University Spartans on winning the 2007 Men’s National Collegiate Hockey Championship.

There being no objection, the Senate proceeded to consider the resolution.

Mr. LEVIN. Mr. President, I am happy to join with my colleague from Michigan, Senator Inouye, in supporting this resolution, which recognizes the Spartans hard work, grit and determination in winning Michigan State University’s third NCAA Men’s Hockey championship. The Spartans secured the 2007 National Tournament dramatic victory by over- coming a 1 to 0 deficit to defeat Boston College 3 to 1 in the NCAA Men’s Championship Final. This victory is a...
great source of pride for all those affiliated with Michigan State University and for the entire state of Michigan.

Championships are won by doing all the little things right, by not giving up, and by trusting one another regardless of who is on display Saturday night when, in the waning moments of the championship game, the Spartans mounted a final charge to capture the 2007 NCAA Title. The Spartans scored 3 goals in the final 10 minutes of play. The game was tied until the last minute of regulation, when Justin Abdelkader scored the go-ahead goal with 18.9 seconds remaining. The Spartans solidified this hard-fought victory by scoring an empty netter set up by an Eagle team that desperately fought to tie the game.

The Spartans upset victory before a record setting crowd of 19,432 at the Scottrade Center in St. Louis completed a highly compelling and rewarding story. MSU Hockey’s third NCAA title is being celebrated today in East Lansing, Michigan. The members of the championship team are being honored with a parade followed by a rally at Munn Ice Arena. This is a victory for the team, the Mount Hope community, as well as for the many fans, friends, and family whose strong and unwavering support was exhibited throughout the Spartans’ memorable championship season.

Each member of the MSU team made important contributions to the Spartans’ success, including players Justin Abdelkader, Tim Crowder, Jeff Dunne, Tyler Howells, Brandon Gentile, Ethan Graham, Bobby Jarosz, Justin Johnstone, Tim Kennedy, Kurt Kivisto, Chris Lawrence, Bryan Lerg, Jeff Lerg, Zak McClellan, Jim McKenzie, Steve Minch, Chris Mueller, Michael Ratchuk, Matt Schepek, Chris Snively, Jay Sprague, Daniel Sturges, Nick Suchal, 10-minute. Turek, Daniel Vukovic, Brandon Warner, Head Coach Rick Comley, Assistant Coaches Tom Newton and Brian Renfrey, and Athletic Trainer Dave Carrier.

MSU Spartans Head Coach Rick Comley, who was named a 2007 National Coach of the Year finalist, became the third coach in college hockey history to win national titles at two institutions, the first with Northern Michigan University. Coach Comley recorded 100 career victories Saturday. He currently holds the distinction of being the third winningest coach amongst active hockey coaches and fifth winningest in NCAA Hockey history. He has continued the successful Spartan Hockey tradition established by Ron Mason the Spartans’ former head coach, current athletic director, and the all-time winningest NCAA Hockey coach.

Throughout the 2007 championship season, the MSU men’s hockey team has demonstrated a commitment to selfless play, always placing team success ahead of individual accomplishments. However, I would be remiss if I did not acknowledge the outstanding individual effort displayed by sophomore goalie tender Jeff Lerg, whose instrumental play throughout the season helped to secure the title and earned him both NCAA Midwest Regional MVP honors and a place on the Frozen Four All-Tournament Team.

I know my colleagues in the Senate join me in congratulating Coach Comley and the 2007 Michigan State University Spartans on their NCAA Men’s Hockey National Championship.

MSU SPARTAN HOCKEY NCAA CHAMPIONSHIP

Ms. STABENOW. Mr. President, I rise today to commend the Michigan State University Spartans on winning the 2007 Men’s National Collegiate Hockey Championship.

On Saturday, April 7, 2007, the Michigan State University Men’s Hockey Team won the 2007 Men’s National Collegiate Athletic Association Championship by defeating Boston College by a score of 3 to 1. In a hard-fought game, and going into the final period with a one-goal deficit, the Spartans charged ahead to tie the game at 1 to 1, and with 18.9 seconds remaining of play.

This victory constituted MSU Hockey’s third national championship, and the first since 1986. Each member of the MSU Hockey team made essential contributions to the team’s success.

MSU Spartans’ Head Coach Rick Comley has become only the third coach in college hockey history to win national titles at two institutions, and for the first time since 1986. Each member of the MSU Hockey team made essential contributions to the team’s success.

Whereas the MSU Spartans won the NCAA Midwest Regional in Grand Rapids, Michigan, to qualify for the Frozen Four finals, making them the first Central Collegiate Hockey Association team to reach the tournament finals since 1998; Whereas each member of the MSU Hockey organization made essential contributions to the team’s success, including players Justin Abdelkader, Tim Crowder, Jeff Dunne, Tyler Howells, Brandon Gentile, Ethan Graham, Bobby Jarosz, Justin Johnstone, Tim Kennedy, Kurt Kivisto, Chris Lawrence, Bryan Lerg, Jeff Lerg, Zak McClellan, Jim McKenzie, Steve Minch, Chris Mueller, Michael Ratchuk, Matt Schepek, Chris Snively, Jay Sprague, Daniel Sturges, Nick Suchal, 10-minute. Turek, Daniel Vukovic, Brandon Warner, Head Coach Rick Comley, Assistant Coaches Tom Newton and Brian Renfrey, and Athletic Trainer Dave Carrier;

Whereas the MSU Spartans’ Head Coach Rick Comley, who was named a 2007 National Coach of the Year finalist, became the third coach in college hockey history to win national titles at two institutions, the first with Northern Michigan University, and has recorded over 700 career victories making him the third winningest coach amongst active coaches, and fifth winningest in NCAA history;

Whereas at the Frozen Four Championship game in St. Louis, a record 19,432 people attended and the enthusiasm shown by the
people of Michigan and the student body of Michigan State University clearly demonstrate Michigan's strong support for the MSU Hockey organization and the determined efforts of the team's players.

Whereas MSU Hockey's third NCAA title will be celebrated in East Lansing, Michigan on Tuesday, April 10, 2007, and its members honored at a parade followed by a rally at Munn Ice Arena;

Whereas the families and friends of the team have provided unwavering support and have tirelessly cheered on their Spartans;

Whereas after many trials and tribulations in the later part of the season, the Spartans rallied together with unrivaled team character and grit to capture the NCAA title;

Whereas Michigan State University has always stood as a center for excellence in both athletics and scholarship, under the current leadership of University President Lou Anna K. Simon, and Athletic Director and renowned former MSU Hockey coach Ron Mason;

Whereas the MSU Spartans displayed unparalleled team camaraderie and have shown their ability to unite both on and off the ice, which led to hard-fought victories throughout the season; and

Whereas the Spartan Men's Hockey Team demonstrated superior strength, skill, perseverance, and determination during the 2006-2007 season and has made Michigan State University and the entire State of Michigan proud: Now, therefore, be it

Resolved, That the Senate congratulates Zach Johnson on his outstanding accomplishment in winning the 2007 Masters golf tournament.

Mr. HARKIN. Mr. President, as long as I do have the floor, I thought I would emphasize the magnificence of the resolution we just considered, S. Res. 145, Senator GRASSLEY and I cosponsored it. It is congratulating Zach Johnson on his victory in the 2007 Masters tournament. Basically, I might as well read it. It is not that long:

That the Senate congratulates Zach Johnson on his outstanding accomplishment in winning the 2007 Masters golf tournament.

Whereas, on April 8, 2007, Zach Johnson, a native Iowan, won the Masters Tournament at the Augusta National Golf Club in Augusta, Georgia;

Whereas, the Masters has been won by some of golf's greatest champions, including Byron Nelson, Sam Snead, Ben Hogan, Arnold Palmer, Gary Player, Jack Nicklaus, Tiger Woods, Phil Mickelson, and many others;

Whereas, Zach Johnson's final round of three-under-par 69 for a total score of 289 was two strokes better than that of any other competitor;

Whereas, in a final day on which six different players led, Zach Johnson showed great skill, patience and will to withstand the challenge of the weather and the course;

Whereas, Zach Johnson is the first Iowan to win the Masters, and the first Iowan to win a major championship in golf since Jack Fleck's playoff victory over Ben Hogan in the 1955 U.S. Open; and

Whereas, Zach Johnson has brought great pride and honor to his family, friends, and the citizens of Iowa with his victory: Now, therefore, be it

Resolved, That the Senate congratulates Zach Johnson on his outstanding accomplishment in winning the 2007 Masters golf tournament.

The legislative clerk read as follows:

The resolution, with its preamble, agrees to.

The preamble was agreed to.

The resolution (S. Res. 145) was agreed to.

CONGRATULATING ZACH JOHNSON ON HIS VICTORY IN THE 2007 MASTERS GOLF TOURNAMENT

Mr. HARKIN. Mr. President, I ask unanimous consent that the Senate now proceed to consideration of S. Res. 145, which was submitted earlier today.

The PRESIDING OFFICER. The legislative clerk will report the resolution by title.

The legislative clerk read as follows:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DESIGNATION.

The bill (S. 521), to designate the Federal building and United States courthouse located at 515 West First Street in Duluth, Minnesota, as the “Gerald W. Heaney Federal Building and United States Courthouse”;

SEC. 2. REFERENCES.

Any reference in a law, map, regulation, document, paper, or other record of the United States to the Federal building and United States courthouse referred to in section 1 shall be deemed to be a reference to the “Gerald W. Heaney Federal Building and United States Courthouse”.

CONGRESSIONAL RECORD — SENATE
April 10, 2007

The bill (S. 801), to designate a United States courthouse located in Fresno, California, as the “Robert E. Coyle United States Courthouse”;

SEC. 2. REFERENCES.

Any reference in a law, map, regulation, document, paper, or other record of the United States to the Federal building and United States courthouse located at 515 West First Street in Duluth, Minnesota, shall be known and designated as the “Gerald W. Heaney Federal Building and United States Courthouse and Customhouse”.

Gerald W. Heaney Federal Building and United States Courthouse

The bill (S. 521), to designate the Federal building and United States courthouse and customhouse located at 515 West First Street in Duluth, Minnesota, as the “Gerald W. Heaney Federal Building and United States Courthouse and Customhouse”, was ordered to be engrossed for a third reading, read the third time, and passed; as follows:

S. 521
Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DESIGNATION.

The Federal building and United States courthouse and customhouse located at 515 West First Street in Duluth, Minnesota, shall be known and designated as the “Gerald W. Heaney Federal Building and United States Courthouse and Customhouse”. The Federal building and United States courthouse located in Fresno, California, as the “Robert E. Coyle United States Courthouse”;

Robert E. Coyle United States Courthouse

The bill (S. 801), to designate a United States courthouse located in Fresno, California, as the “Robert E. Coyle United States Courthouse”, was ordered to be engrossed for a third reading, read the third time, and passed; as follows:

S. 801
Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DESIGNATION.

The United States courthouse located on the United States courthouse bordered by O Street, P Street, Tulare Street, and Capitol Street in Fresno, California, shall be known and designated as the “Robert E. Coyle United States Courthouse”.

SEC. 2. REFERENCES.

Any reference in a law, map, regulation, document, paper, or other record of the United States to the Federal building and United States courthouse located at 515 West First Street in Duluth, Minnesota, as the “Gerald W.
ANIMAL FIGHTING PROHIBITION
ENFORCEMENT ACT OF 2007

Mr. HARKIN. Mr. President, I ask unanimous consent the Senate now proceed to Calendar No. 91, H.R. 137.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 137) to amend Title 18 United States Code to strengthen prohibitions against animal fighting, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. LEAHY. Mr. President, this bill has broad bipartisan support with more than 300 co-sponsors in the House. The companion Senate bill is S. 261. The lead Senate sponsor is Senator CANTWELL. There are 30 Senate cosponsors.

The Senate Judiciary Committee considered and voted to report the bill favorably on March 8, 2007. The bill (H.R. 137) was ordered for a third reading, read the third time, and passed.

ORDERS FOR WEDNESDAY, APRIL 11, 2007

Mr. HARKIN. Mr. President, I ask unanimous consent that the bill be read three times and passed, the motion to reconsider be laid on the table, and any statements relating thereto be printed in the Record, without further intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 137) was ordered for a third reading, read the third time, and passed.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. HARKIN. If there is no further business today, and if the Republican leader has nothing further, I now ask unanimous consent the Senate stand adjourned under the previous order.

There being no objection, the Senate, at 8:02 p.m., adjourned until Wednesday, April 11, 2007, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate April 10, 2007:

DEPARTMENT OF DEFENSE

MICHAEL G. VICKERS, OF CALIFORNIA, TO BE AN ASSISTANT SECRETARY OF DEFENSE. VICE THOMAS W. O’CONNELL.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

ROBERT M. COUCH, OF ALABAMA, TO BE GENERAL COUNSEL OF THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT. VICE KEITH E. GOTTFRIED, RESIGNED.

DEPARTMENT OF THE TREASURY

PETER R. MCCARTHY, OF WISCONSIN, TO BE AN ASSISTANT SECRETARY OF THE TREASURY. VICE SANDRA L. FACK.

DEPARTMENT OF STATE

JOHN L. WITHERS II, OF MARYLAND, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF CONSULS, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF ALBANIA.

CHARLES LEWIS ENGLISH, OF NEW YORK, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELLORS, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO BOSNIA AND HERZEGOVINA.

ROBERT B. NOLAN, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELLORS, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE KINGDOM OF LESOTHO.

MIRIAM K. HUGHES, OF FLORIDA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELLORS, TO BE AMBASSADOR TO THE PHILIPPINES.

Cameron Hunter, of California, a career member of the senior foreign service, class of counselor, to be ambassador to the kingdom of australia.

MIRIAM K. HUGHES, OF FLORIDA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELLORS, TO BE AMBASSADOR TO THE PHILIPPINES.

Cameron Hunter, of California, a career member of the senior foreign service, class of counselor, to be ambassador to the kingdom of australia.

ROBERT B. NOLAN, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELLORS, TO BE AMBASSADOR TO THE PHILIPPINES.

MIRIAM K. HUGHES, OF FLORIDA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELLORS, TO BE AMBASSADOR TO THE PHILIPPINES.

MIRIAM K. HUGHES, OF FLORIDA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELLORS, TO BE AMBASSADOR TO THE PHILIPPINES.

Cameron Hunter, of California, a career member of the senior foreign service, class of counselor, to be ambassador to the kingdom of australia.

ROBERT B. NOLAN, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELLORS, TO BE AMBASSADOR TO THE PHILIPPINES.

MIRIAM K. HUGHES, OF FLORIDA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELLORS, TO BE AMBASSADOR TO THE PHILIPPINES.

Cameron Hunter, of California, a career member of the senior foreign service, class of counselor, to be ambassador to the kingdom of australia.

ROBERT B. NOLAN, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELLORS, TO BE AMBASSADOR TO THE PHILIPPINES.

Cameron Hunter, of California, a career member of the senior foreign service, class of counselor, to be ambassador to the kingdom of australia.

ROBERT B. NOLAN, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELLORS, TO BE AMBASSADOR TO THE PHILIPPINES.

Cameron Hunter, of California, a career member of the senior foreign service, class of counselor, to be ambassador to the kingdom of australia.

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Cameron Hunter, of California, a career member of the senior foreign service, class of counselor, to be ambassador to the kingdom of australia.

ROBERT B. NOLAN, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELLORS, TO BE AMBASSADOR TO THE PHILIPPINES.

Cameron Hunter, of California, a career member of the senior foreign service, class of counselor, to be ambassador to the kingdom of australia.
Daily Digest

HIGHLIGHTS
See Résumé of Congressional Activity.

Senate

Chamber Action
Routine Proceedings, pages S4231–S4317

Measures Introduced: Eight bills and six resolutions were introduced, as follows: S. 1077–1084, and S. Res. 140–145.

Measures Reported:
- Special Report entitled “History, Jurisdiction, and a Summary of Activities of the Committee on Energy and Natural Resources during the 109th Congress”. (S. Rept. No. 110–47)
- S. 322, to establish an Indian youth telemental health demonstration project, with an amendment. (S. Rept. No. 110–43)
- S. 375, to waive application of the Indian Self-Determination and Education Assistance Act to a specific parcel of real property transferred by the United States to 2 Indian tribes in the State of Oregon. (S. Rept. No. 110–44)
- S. 398, to amend the Indian Child Protection and Family Violence Prevention Act to identify and remove barriers to reducing child abuse, to provide for examinations of certain children. (S. Rept. No. 110–45)
- S. 481, to recruit and retain more qualified individuals to teach in Tribal Colleges or Universities. (S. Rept. No. 110–46)
- Report to accompany S. 358, to prohibit discrimination on the basis of genetic information with respect to health insurance and employment. (S. Rept. No. 110–48)
- Report to accompany S. 556, to reauthorize the Head Start Act. (S. Rept. No. 110–49)
- S. 613, to enhance the overseas stabilization and reconstruction capabilities of the United States Government. (S. Rept. No. 110–50)
- S. 442, to provide for loan repayment for prosecutors and public defenders, with amendments. (S. Rept. No. 110–51)

Measures Passed:
- Senate Legal Representation: Senate agreed to S. Res. 140, to authorize legal representation in In the Matter of the Application of Committee on Finance. Page S4236
- Honoring Michigan State University Men’s National Collegiate Hockey Team: Senate agreed to S. Res. 144, honoring the Michigan State University Spartans on winning the 2007 Men’s National Collegiate Hockey Championship. Pages S4314–16
- Masters Golf Tournament: Senate agreed to S. Res. 145, congratulating Zach Johnson on his victory in the 2007 Masters golf tournament. Page S4316
- Gerald W. Heaney Federal Building and United States Courthouse and Customhouse: Senate passed S. 521, to designate the Federal building and United States courthouse and customhouse located at 515 West First Street in Duluth, Minnesota, as the “Gerald W. Heaney Federal Building and United States Courthouse and Customhouse”. Page S4316
- Robert E. Coyle United States Courthouse: Senate passed S. 801, to designate a United States courthouse located in Fresno, California, as the “Robert E. Coyle United States Courthouse”. Pages S4316–17
- Clifford Davis and Odell Horton Federal Building: Senate passed H.R. 753, to redesignate the Federal building located at 167 North Main Street in Memphis, Tennessee, as the “Clifford Davis and Odell Horton Federal Building”, clearing the measure for the President. Page S4317
- Animal Fighting Prohibitions: Senate passed H.R. 137, to amend title 18, United States Code, to...
Stem Cell Research Enhancement Act: Senate began consideration of S. 5, to amend the Public Health Service Act to provide for human embryonic stem cell research. 

Hope Act: Senate began consideration of S. 30, to intensify research to derive human pluripotent stem cell lines.

Intelligence Authorization Act—Cloture: Senate began consideration of S. 372, to authorize appropriations for the intelligence and intelligence-related activities of the United States Government, the Intelligence Community Management Account, and the Central Intelligence Agency Retirement and Disability System.

Nominations Received: Senate received the following nominations:

- Michael G. Vickers, of California, to be an Assistant Secretary of Defense.
- Robert M. Couch, of Alabama, to be General Counsel of the Department of Housing and Urban Development.
- Peter B. McCarthy, of Wisconsin, to be an Assistant Secretary of the Treasury.
- John L. Withers II, of Maryland, to be Ambassador to the Republic of Albania.
- Charles Lewis English, of New York, to be Ambassador to Bosnia and Herzegovina.
- Robert B. Nolan, of Virginia, to be Ambassador to the Kingdom of Lesotho.
- Miriam K. Hughes, of Florida, to be Ambassador to the Federated States of Micronesia.
- Cameron Munter, of California, to be Ambassador to the Republic of Serbia.
- Michael K. Kussman, of Massachusetts, to be Under Secretary for Health of the Department of Veterans Affairs.

Executive Communications:

Additional Cosponsors:

Statements on Introduced Bills/Resolutions:

Additional Statements:

Notices of Hearings/Meetings:

Authorities for Committees to Meet:

Privileges of the Floor:

Adjournment: Senate convened at 10 a.m., and adjourned at 8:02 p.m., until 9:30 a.m. on Wednesday, April 11, 2007. (For Senate's program, see the remarks of the Acting Majority Leader in today's Record on page S4317.)

Committee Meetings

OVERSEAS BASING PLANS

Committee on Armed Services: Subcommittee on Readiness and Management Support concluded a closed hearing to examine overseas basing plans in review of the Defense Authorization Request for fiscal year 2008 and the Future Years Defense Program, after receiving testimony from Philip W. Grone, Deputy Under Secretary for Installations and Environment, and Joseph A. Benkert, Principal Deputy Assistant Secretary for Global Security Affairs, both of the Department of Defense; Major General Michael J. Diamond, USAF, Deputy Director, J-5, Headquarters United States Central Command; and Rear Admiral Frank Craig Pandolfe, Deputy Director for Strategy and Policy, J-5, Joint Staff.
BASE CLOSURE PROGRAMS
Committee on Armed Services: Subcommittee on Readiness and Management Support concluded a hearing on military installation, environmental, and base closure programs in review of the Defense Authorization Request for fiscal year 2008 and the Future Years Defense Program, after receiving testimony from Philip W. Grone, Deputy Under Secretary of Defense for Installations and Environment; Keith E. Eastin, Assistant Secretary of the Army for Installations and Environment; B.J. Penn, Assistant Secretary of the Navy for Installations and Environment; and William C. Anderson, Assistant Secretary of the Air Force for Installations, Environment and Logistics.

FEDERAL TRADE COMMISSION

VOIP
Committee on Commerce, Science, and Transportation: Committee concluded a hearing to examine voice over internet protocol (VOIP) and the future of 9–1–1 services, focusing on how E–9–1–1 policy should be responsive to a changed telecommunications landscape, including S. 428, to amend the Wireless Communications and Public Safety Act of 1999, after receiving testimony from Dale N. Hatfield, University of Colorado at Boulder, former Chief of the Office of Engineering and Technology, Federal Communications Commission; Wanda S. McCarley, Tarrant County 9–1–1 District, Fort Worth, Texas, on behalf of the Association of Public-Safety Communications Officials International; Jason Barbour, National Emergency Number Association, Arlington, Virginia; Sharon O’Leary, Vonage Holdings Corp., Holmdel, New Jersey; and Stephen Meer, Intrado, Inc., Longmont, Colorado.

House of Representatives

Chamber Action
The House was not in session today. The House is scheduled to meet at 2 p.m. on Monday, April 16, 2007, pursuant to the provisions of H. Con. Res. 103.

Committee Meetings
No committee meetings were held.

NEW PUBLIC LAWS
(For last listing of Public Laws, see DAILY DIGEST, p. D 443)
S. 494, to endorse further enlargement of the North Atlantic Treaty Organization (NATO) and to facilitate the timely admission of new members to NATO. Signed on April 9, 2007 (Public Law 110–17).

COMMITTEE MEETINGS FOR WEDNESDAY, APRIL 11, 2007
(Committee meetings are open unless otherwise indicated)

Senate
Committee on Appropriations: Subcommittee on Defense, to hold hearings to examine proposed budget estimates for fiscal year 2008 for the National Guard and Reserves, 10 a.m., SD–192.
Subcommittee on Energy and Water Development, to hold hearings to examine proposed budget estimates for fiscal year 2008 for the Department of Energy, 2:30 p.m., SD–138.
Subcommittee on Financial Services and General Government, to hold hearings to examine proposed budget estimates for fiscal year 2008 for the Office of Management and Budget, 3 p.m., SD–192.

Committee on Armed Services: Subcommittee on Emerging Threats and Capabilities, to hold hearings to examine nonproliferation programs at the National Nuclear Security Administration and the Cooperative Threat Reduction Program and the Proliferation Security Initiative at the Department of Defense in the review of the Defense Authorization Request for fiscal year 2008 and the Future Years Defense Programs, 9:30 a.m., SR–232A.
Subcommittee on Strategic Forces, to hold hearings to examine Ballistic Missile Defense Programs in review of the Defense Authorization Request for fiscal year 2008

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and the Future Years Defense Program; with the possibility of a closed session in SR–222 following the open session, 3 p.m., SR–232A.

Committee on Banking, Housing, and Urban Affairs: to hold hearings to examine the availability and affordability of property and casualty insurance in the Gulf Coast and other coastal regions, 9:30 a.m., SD–538.

Committee on Commerce, Science, and Transportation: to hold oversight hearings to examine the Property and Casualty Insurance Industry, 9:15 a.m., SR–253.

Full Committee, to hold hearings to examine airline service improvements, 2:30 p.m., SR–253.

Committee on Finance: to hold hearings to examine the Medicare Advantage Program, 10 a.m., SD–215.

Committee on Foreign Relations: to hold hearings to examine an alternative plan to stop genocide relating to Darfur, 9:30 a.m., SD–419.

Committee on the Judiciary: to hold hearings to examine the nominations of Debra Ann Livingston, of New York, to be United States Circuit Judge for the Second Circuit, Roslynn Renee Mauskopf, of New York, to be United States District Judge for the Eastern District of New York, Richard Sullivan, of New York, to be United States District Judge for the Southern District of New York, and Joseph S. Van Bokkelen, of Indiana, to be United States District Judge for the Northern District of Indiana, 10 a.m., SD–226.

Subcommittee on the Constitution, to hold hearings to examine the Inspector General’s findings of improper use of National Security Letters by the Federal Bureau of Investigation, 3 p.m., SD–226.

Committee on Rules and Administration: to hold an oversight hearing to examine the Smithsonian Institution, 10 a.m., SR–301.

Committee on Veterans’ Affairs: to hold hearings to examine The Filipino Veterans Equity Act of 2007, 9:30 a.m., SR–418.

House

No committee meetings are scheduled.
**Résumé of Congressional Activity**

**FIRST SESSION OF THE ONE HUNDRED TENTH CONGRESS**

The first table gives a comprehensive résumé of all legislative business transacted by the Senate and House. The second table accounts for all nominations submitted to the Senate by the President for Senate confirmation.

### DATA ON LEGISLATIVE ACTIVITY

<table>
<thead>
<tr>
<th>Category</th>
<th>Senate</th>
<th>House</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days in session</td>
<td>51</td>
<td>49</td>
<td>.....</td>
</tr>
<tr>
<td>Time in session</td>
<td>388 hrs., 14'</td>
<td>406 hrs., 50'</td>
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</tr>
<tr>
<td>Congressional Record:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pages of proceedings</td>
<td>4,229</td>
<td>3,575</td>
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<tr>
<td>Extensions of Remarks</td>
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<td>751</td>
<td>.....</td>
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<tr>
<td>Public bills enacted into law</td>
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<td>15</td>
<td>.....</td>
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<tr>
<td>Private bills enacted into law</td>
<td>0</td>
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<td>.....</td>
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<tr>
<td>Bills in conference</td>
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<td>1</td>
<td>.....</td>
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<tr>
<td>Measures passed, total</td>
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<td>231</td>
<td>356</td>
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<tr>
<td>Senate bills</td>
<td>17</td>
<td>3</td>
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<tr>
<td>House bills</td>
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<td>110</td>
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<tr>
<td>Senate joint resolutions</td>
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<td>House joint resolutions</td>
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</tr>
<tr>
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<td>1</td>
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<td>9</td>
<td>19</td>
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<tr>
<td>Simple resolutions</td>
<td>73</td>
<td>97</td>
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<tr>
<td>Measures reported, total *</td>
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<td>81</td>
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<tr>
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<td>House bills</td>
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<td>55</td>
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<tr>
<td>Senate joint resolutions</td>
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<tr>
<td>House joint resolutions</td>
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<tr>
<td>Senate concurrent resolutions</td>
<td>4</td>
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<tr>
<td>House concurrent resolutions</td>
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<td>2</td>
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</tr>
<tr>
<td>Simple resolutions</td>
<td>36</td>
<td>24</td>
<td>.....</td>
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<tr>
<td>Special reports</td>
<td>4</td>
<td>2</td>
<td>.....</td>
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<tr>
<td>Conference reports</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>Measures pending on calendar</td>
<td>76</td>
<td>7</td>
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<tr>
<td>Measures introduced, total</td>
<td>1,232</td>
<td>2,302</td>
<td>3,524</td>
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<td>Bills</td>
<td>1,057</td>
<td>1,856</td>
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<td>Joint resolutions</td>
<td>11</td>
<td>41</td>
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<tr>
<td>Concurrent resolutions</td>
<td>25</td>
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<tr>
<td>Simple resolutions</td>
<td>139</td>
<td>295</td>
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<tr>
<td>Quorum calls</td>
<td>2</td>
<td>1</td>
<td>.....</td>
</tr>
<tr>
<td>Yea-and-nay votes</td>
<td>126</td>
<td>140</td>
<td>.....</td>
</tr>
<tr>
<td>Recorded votes</td>
<td>.....</td>
<td>72</td>
<td>.....</td>
</tr>
<tr>
<td>Bills vetoed</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>Vetoes overridden</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
</tbody>
</table>

*These figures include all measures reported, even if there was no accompanying report. A total of 42 reports have been filed in the Senate, a total of 83 reports have been filed in the House.*

### DISPOSITION OF EXECUTIVE NOMINATIONS

<table>
<thead>
<tr>
<th>Category</th>
<th>January 4 through March 31, 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civilian nominations, totaling 197, disposed of as follows:</td>
<td></td>
</tr>
<tr>
<td>Confirmed</td>
<td>41</td>
</tr>
<tr>
<td>Unconfirmed</td>
<td>152</td>
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<tr>
<td>Withdrawn</td>
<td>4</td>
</tr>
<tr>
<td>Air Force nominations, totaling 5,063, disposed of as follows:</td>
<td></td>
</tr>
<tr>
<td>Confirmed</td>
<td>3,590</td>
</tr>
<tr>
<td>Unconfirmed</td>
<td>1,473</td>
</tr>
<tr>
<td>Army nominations, totaling 1,316, disposed of as follows:</td>
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</tr>
<tr>
<td>Confirmed</td>
<td>1,142</td>
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<tr>
<td>Unconfirmed</td>
<td>174</td>
</tr>
<tr>
<td>Navy nominations, totaling 64, disposed of as follows:</td>
<td></td>
</tr>
<tr>
<td>Confirmed</td>
<td>40</td>
</tr>
<tr>
<td>Unconfirmed</td>
<td>24</td>
</tr>
<tr>
<td>Marine Corps nominations, totaling 1,305, disposed of as follows:</td>
<td></td>
</tr>
<tr>
<td>Confirmed</td>
<td>276</td>
</tr>
<tr>
<td>Unconfirmed</td>
<td>1,029</td>
</tr>
</tbody>
</table>

**Summary**

- Total nominations carried over from the First Session: 0
- Total nominations received this session: 8,413
- Total confirmed: 5,502
- Total unconfirmed: 3,107
- Total withdrawn: 14
- Total returned to the White House: 0

---

**DATA ON LEGISLATIVE ACTIVITY**

- Days in session: 51
- Time in session: 388 hrs., 14'
- Congressional Record:
  - Pages of proceedings: 4,229
  - Extensions of Remarks: 751
  - Bills enacted into law: 1
  - Bills in conference: 0
  - Bills passed: 125
  - Senate bills: 17
  - House bills: 18
  - Senate joint resolutions: 1
  - House joint resolutions: 1
  - Senate concurrent resolutions: 6
  - House concurrent resolutions: 9
  - Simple resolutions: 73
  - Measures reported: 95
  - Senate bills: 52
  - House bills: 1
  - Senate joint resolutions: 1
  - House joint resolutions: 1
  - Senate concurrent resolutions: 4
  - House concurrent resolutions: 1
  - Simple resolutions: 36
  - Special reports: 4
  - Conference reports: 1
  - Measures pending on calendar: 76
  - Bills introduced: 1,232
  - Senate bills: 1,057
  - House bills: 2302
  - Joint resolutions: 11
  - Concurrent resolutions: 25
  - Simple resolutions: 139
  - Quorum calls: 2
  - Yea-and-nay votes: 126
  - Recorded votes: 72
  - Bills vetoed: 0
  - Vetoes overridden: 0

**DISPOSITION OF EXECUTIVE NOMINATIONS**

- Civilian nominations: 197
  - Confirmed: 41
  - Unconfirmed: 152
  - Withdrawn: 4
- Air Force nominations: 5,063
  - Confirmed: 3,590
  - Unconfirmed: 1,473
- Army nominations: 1,316
  - Confirmed: 1,142
  - Unconfirmed: 174
- Navy nominations: 64
  - Confirmed: 40
  - Unconfirmed: 24
- Marine Corps nominations: 1,305
  - Confirmed: 276
  - Unconfirmed: 1,029

---

**Summary**

- Total nominations: 197
- Total nominations received this session: 8,413
- Total confirmed: 5,502
- Total unconfirmed: 3,107
- Total withdrawn: 14
- Total returned to the White House: 0
Next Meeting of the SENATE
9:30 a.m., Wednesday, April 11

Senate Chamber
Program for Wednesday: Senate will continue consideration of S. 5, Stem Cell Research Enhancement Act, and S. 30, HOPE Act, en bloc, for a period of debate, and vote on final passage of each bill respectively at 5:45 p.m. (Senate will recess from 12:30 p.m. until 2:15 p.m. for their respective party conferences.)

Next Meeting of the HOUSE OF REPRESENTATIVES
2 p.m., Monday, April 16

House Chamber
Program for Monday: To be announced.